CERTIFICATE OF DEATH

| 2411 N. Char CERTIFICA | TE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| City or to Salietury | State State |
| (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death | Bitto town |
| History, institution of street address there death occupies: | Cot. Nazler Hir real, give LOCA whench street |
| How long in hospital or institution? | 2.(a) If veteran, Tafne war |
| 3. (a) FULL NAME Sallie a. amo | 3. (b) Social Security Number |
| 4. So S. Color or rece 6.(a) Single, married, widowed, or divorced Lingle | MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 1945 at 4. 4. 18 |
| 6.(6) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that lattended deceased from |
| 7. Sirih date of deceased (mo., day, yr.) for 9 - 1853 | and that I last saw he last sa |
| 8. AGE: Years Months Days If less than ooe day 2 5 If less than ooe day | Immediate carret death Heart Dhan 6 yes |
| 9. Sirthplace Harford Courty Ind. | Due to |
| 10. Usual occupation | Due to |
| 11. Industry or business | Dther conditions |
| 13. Sirthplace Mayry 6. Mq. | (Include pregnancy within 3 months of death) |
| 14. Maiden name Harfred G. M | Major findings of operations |
| 16. Informante Corolle at Printer Begint to | Autopsy results |
| Address Salutry Maryland, march 1745. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or roof al. Whice) Bate thereof (month) day) (year) | Accident, suicide, or homicide |
| Location Williams Hayny 6. Mas. | Where did injury occur? |
| 18 Fines of Frederica + 6. Malle P. Hollowy | Meens of Injury Injured at work? |
| used with mayeard. | 23. SIGNATURE A R Manue |
| 18. Quate reg d by repair | Address Palily II Date signed 1/4/45 |

MARGIN RESERVED FOR BINDING

RECEIVED MAR 23 1945 BURDAU . C.

MARGIN RESERVED FOR BINDING

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-0

CERTIFICATE OF DEATH

(13318 Reg. Dist. No. 234

| 1. PLACE OF DEATH: Wishmile | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother) |
|--|--|
| County | State Mile County Willonice |
| City or town | City or town Roskawsky |
| How long in above place of death? | (16 utside day or town limits, write RURAL and give nonrest town) |
| Hospital, Institution, or street address where death occurred: | Street No. Salisbury 19 1/2 |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Cernida Ellen am | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Terrale White Widowil | 20. DATE DE DEATH March 3 1948 01 10.30 Apr |
| 6,(b) Name of husband or wife. Asse and and engine | 21. I CERTIFY that death occurred on the parte above stated: that I attended deceased from |
| | Jan 44 20 1945 to March 20 18 64 |
| 7. Birth date of 2000 100 100 100 100 100 100 100 100 10 | and that I last saw have alive on mosely 2 20 19 4 6. |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | arperorelessas |
| 9 / 20 72/20 3 | |
| 9. Birthplace (Gown, orusty, and state) | Due to |
| 1D. Usual occupation. Atthorne | |
| 11, tndustry or business | Due to |
| | 12. Chanie Ma oradili |
| 12. Name | Diher conditions Alastic Colombia |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Salake Minite 15. Birthplace Salasbury male | Major fiedings of operations |
| \$ 15. Birthplace pallinous, me | Date of op |
| 18. Informant Saac anderson 17 | Actopsy results |
| Address Salesbury md B. D2 | PHYSICIAN: Please underline the caose to which death should be charged statistically. |
| R 7 1 27 -27 -21 | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; |
| (Burial, cremation, or removal. Which) (Burial, cremation, or removal. Which) (months (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Rockgwalker mil of | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director The Hill & Sahnsun | Means of Injury Injured at work? |
| Address Salisburg mod | - di Olique Empid |
| mels 1945 Amo In wall | 23. SIGNATURE M. D. or other |
| (Date rec'd by registrar) Registr | ar Address It Kuch - M Date signed Maul 9 |

MANAGE OF THE STATE OF STATE

STABIL TO BEAUTIFIED

RECEIVAD - APR 5 1945 BUREAU V.B.

CERTIFICATE OF DEATH

03319

| (If outside city or town limits write RURAL and give nearest town) Rew long in above place of dealth? Roughtal, institution, or street address where death occurred: Street Re. (If outside city or town limits write RURAL and give nearest town) Rew long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security 4. Sex 5. Color or race 6. (a) Single married, widowself or diserced MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY their death occurred on the date, above state; that I attended death occurred on the date, above state; tha | | TE OF DEATH Reg. Dist. No |
|--|--|--|
| Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security 4. Sex 5. Color or race 6. (c) Single, married, violowest, or diverced MEDICAL CERTIFICATION 20. BATE OF BEATH 21. I CERTIFY that death occurred on the data above states, that I attended day deceased (mo., day, yr.) March 6 8. AGE: tears 8. AGE: tears Medican and that I last samp March 2 line and that I last samp March 3 lin | County or town (ff outside city or town limits write RURAL and give nearest town) How long in above place of death? | State County County (If outside city or town limits write RURAL and give nesrest town) Streel No. |
| 4. Sex 5. Color or race 6. (a) Single married, bidowest or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: that I attended des and that I last samp Mark alive on the date above stated: | How long in hospital or institution? | |
| Male White Married 5. (c) Hame of husband or wite Busic Auditor 7. Birth date of deceased (mo. day, yr.) March / 6 8. AGE: Vears Months Days If less than ose day 9. Birthplace (Town, organy, and state) 10. Usual occupation 11. Industry or business 12. Rame Differ conditions 14. Maiden name of Married (mo. day) and state) 15. Birthplace (Include pregnancy within 3 months of death) Major findings of operations MEDICAL CERTIFICATION 18. J. | alaray Denny andeloi | 3. (b) Social Security Number |
| 7. Birth date of deceased (me., day, yr.) March / 6 | Male while married widowed or divorced | m. 1, 15 1 |
| 8. AGE: Years Months Days If less than one day 9. Birthplace. | 7. Right date of | |
| Town, coffinty, and state) 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address Address Address Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged 17. Burial, cremation, or removal. Which?) Date thereof Autopsy results PHYSICIAN: Please underline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Cometery or crematery Cometery or crematery County) (County), | 8. AGE: Years Months Days If less than one day | Immediate cause of death DURA |
| 11. industry or business 12. Name | (Town, county, and state) | Due to. |
| 13. Birthplace County 14. Maiden name County 15. Birthplace County 16. Include pregnancy within 3 months of death Major findings of operations Major findings of operati | 11. Industry or business | Due to. |
| Majer findings of operations Majer findings of operations | 13. Birthplace Chricotague Ua | (Include pregnancy within 8 months of death) |
| Address Pure of a graph of the cause to which death should be charged to the cause to which death should be charge | 601 | Major findings of operations. Date of op. |
| (City or town) Date thereof March (Surple, or homicide, | 00 - 1 | Autopsy results |
| | (Burial, cremation, or removal, Which?) (month) (day) (year) | More did injury occur? Soleshory wecomes Me |
| 18. Funeral director Walter W black Means of Injury Car atrick pule Injured at work? | Location Chinesteague & | lajured at home, farm, industry, public place (where?) |
| Address Christiague Va 23 SIGNATURE Slepty Med gamen | PP 1 - 1 11 | I hat held and in |

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| creating | How long in hospital or institution? | cagui |
|-----------|---|-----------------|
| or acaust | 3. (a) FULL NAME | Allie |
| causes of | Male Wh | £ 6.(a)\$ |
| | 6.(6) Name of husband or wife | V |
| 211 | 7. Birth date ot deceased (mo., day, yr.) | 20 |
| | 8. AGE: Years Months | Days' |
| Towns In | 9. Birthplace Wiscom 1D. Usual occupation Fa | own, county, as |
| | 11. Industry or business | |
| | | mice |
| | 14. Malden name | e 1 |
| | 18. Interment MA | mel |
| | 17. Bulling (Burial, cremation, or removal W | Date t |
| | Cemetery or crematory | mol |
| | 18. Funeral director | Hill |
| | 19 | HE A |

1. PLACE OF DEATH:

How long in above place of death?....

Vicomice

It less than one day

| | Rog. Ditt. No. |
|---|--|
| 2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of | |
| State | nty Widenuto. |
| City or townf outple city or town limits | , write RURAL and give now out town) |
| Street No. County (If gural, give | LOGATION) |
| 2.(a) If veteran, name war. | |
| | 3. (b) Social Security Number |
| | |
| MEDICAL CE | ERTIFICATION |
| 20. DATE OF DEATH March | 1 1945 1920 |
| 21. I CERTIFY that death occurred on the date about | ve stated: that I attended deceased from |
| 15.16 | The Throng |
| and that t last say to greative open. | 19. |
| Immediate cause of death | DURATION |
| | Bught, |
| Due to Concursor | of Brain |
| | // |
| Due to. Fall doors | |
| Due to ladice la | represe |
| Other conditions | |
| (Include pregnancy within 3 m | nontha of death) |
| Major findings of operations. | |
| | Date ot op |
| Autopsy results | ich death shoald be charged statistically. |
| 22. VIOLENCE: It death was due to external caus | ses. fill in the tollowing: |
| Accident, suicide, or homicide. | Date of 3/1/45 |
| Where did injury occur? | (County) (State) |
| Injured at home, tarm, industry, public place (wh | 71 |
| Means of Injury fell alvanta | Injured at work? |
| Janado | home a. |
| 23. SIGNATURE | redugal Som |



VS A15

| MARYIAND | STATE | DEPARTMENT | OF | HEALTI |
|----------|-------|------------|----|--------|
| MAKILAND | SIAIL | DEPARTMENT | Ur | HLALI |

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03321

| | | | OZICI II KOII | E OF BEATTI | Reg. Dist. No. |
|---|--|---------------|---|--|--|
| (If outside How long in above place of de Hospital, institution, or street How long in hospital or inst | isbury de city or town line 40 eath? 40 et address where d | eath occurred | | City or town Salisbury (If outside city or town limi *Sireel No. RFD # 2 | ts, write RURAL and give nearest town) |
| 3. (a) FULL NAME | Georg | e Har | vey Bradley | | 3. (b) Social Security Number |
| 4. Sex 5. | Color or race White | 6.(a)Single | , married, widowed, or divorced Widowed | | certification |
| 6.(b) Name of husband or wi | | |) tf alive, give ageyears | 21. I CERTIFY that death occurred on the date at | |
| 8. AGE: Years 76 | Months | Days | If less than one dayhrsmin. | Immediate cause of death Millian America America | to enflued 2 hours |
| 9. Birthplace | ssex Co Reti | ounty, and s | Delaware armer | Due to. Finda | Abdmind 5 grs |
| 12. Name Sami | uel J.B | radle | V | Other conditions | |
| | ussex U | ounty | , Delaware | (Include programmy within 3 | |
| | isbury, | Md. | RFD # 2 | Autopsy results | which death should be charged statistically. |
| Burial (Burial, countries) Cemetery or oversity | Mt. P | | of April 2,1945 (month) (day) (year) | Accident, suicide, or homicide | Oate of |
| | el, Del | aware | ul Co | tnjured at home, farm, industry, public place (v | |
| Address Sell | 19.445 ar) 19.445 | - 20 m | when well | 23. SIGNATURE Summer | M. D. of other And Date signed 22.2.3.1/4.1 |

APR 5 1945 BUREAU V.S. 2411 N. Charles St., Baltimore 940

03322

| CERTIFIC | ATE OF DEATH Reg. Dlot. No. 333 |
|---|--|
| 1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newpoor infages give residence of month) State County City or town (If sutside city or tuwn lights, wate RURA), and give Garest town) Street No. (If rural, giv LOCATION) 2. (a) If veteran, name war. |
| 3. (a) FULL NAME Charles Frank | belin Brown 3. (b) Social Security Number |
| 7. Birth date of Manager 22 1882 | MEDICAL CERTIFICATION 20. DATE OF DEATH 25 19 45 at 950cm 21. I CERTIFY that death occurred of the date above stated: that I attended deceased from 10 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 8. AGE: Years Months Bays If less than one day B. Birthplace | Immediate cause of death DURATION |
| 11. Industry or business 12. Name | Due to |
| 16. Informant Mus. Mary C. Bushing Address Delan Ct. Road Saling Address Delan Ct. Bate thereof March 27. 17. Burial, eremation, or Empysi. Which?) Bate thereof March 27. | Aftopsy results. Aftopsy results. HYSICIAN: Please underline the cause to which death should be charged statistically. 21. VIOLENCE: If death was due to external eauses, fill in the following: |
| Cemetery or estimators of Corne & Mind. Park Location Salistry Mayland 18. Funeral director Maller R. Hell Address Salisly Mayland. | Where did injury occur? |
| 19. 3 10 11 6 Fassie Report | 25. SIGNATURE M. D. or other M. D. or other trar Address Bate signed 126/5/4 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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APR 7 1945

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)

03323

CERTIFICATE OF DEATH

or Diet No 336

| 1. PLACE OF D | MH 7 CO | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|-------------------------|---|---|---|--|
| Lelmar Ran # | | <u> </u> | State Delaware County New Castle | | |
| (If outside city or town limits, write RURAL and give nearest town) 80 days | | URAL and give nearest town) | instance on | | |
| How long to above place | ce of death?30 | days | | (If outside city or town limits, write RURAL and give nesrest town) 1323 Shallcross Avenue | |
| | or street address where | | • | street No. 1323 Shallcross Avenue | |
| | | | | (If rural, give LOCATION) | |
| How long in hospital | or Institution? | *************************************** | *************************************** | 2.(a) If veteran, name war | |
| 3. (a) FULL NAM | 4E | | | 3. (b) Social Security Number | |
| | Francis | J.Ca | nning | 221-05-3935 | |
| 4. Sex | 5. Color or race | 6.(a)Single | , married, widowed, or divorced | MEDICAL CERTIFICATION | |
| remale | White | W | idowed | 20. DATE DF DEATH March 26th 1945 at 4.30 Pm | |
| 6.(b) Name of husban | d or wifeJOSE | ph ca | nning | 21. J CERTIFY that death occurred on the date above stated: that I attended deceased from | |
| | | | | At mendofa 2 Jon 10 19 | |
| 7. Birth date of | | |) If alive, give ageyears 28,1875 | and that I last saw h . 41 ally on | |
| deceased (mo., day. | .)(.) | | | Immediate cause of death and framewhat DURATION | |
| 8. AGE: Yea | months 9 | Days | If less than one day | will general freedym I loom | |
| 0 | ueene Anr | ie. Ma | rvland | Hu Lucher Challie | |
| 9. Birthplace | (Town, | county, and a | tate) | Due to 3 | |
| | House | work | | J. J | |
| 10. Usual occupation | | ************** | ••••••••••• | Due to | |
| 11. Industry or busine | | | | | |
| 12. Name | Unknown | | *************************************** | Other conditions | |
| | Unknown | 1 | | (Include pregnancy within 8 months of death) | |
| 14. Malden name | Unknown | 1 | | (Include pregnancy within 8 months of death) | |
| E 14. maiucii ilanii | Unknown |) | | Major fiediogs of operations | |
| | | | | Date of op. | |
| 16. Informant | | | •••••• | Autopsy results | |
| Address | Delmar, I | elawa | re | PHYSICIAN: Please underline the cause to which death should be charged statistically. | |
| Buria | 1 | | Man 29-45 | 22. VIOLENCE: If death was due to external causes, fill in the following; | |
| 17(Burial Aremotic | n or zemoval. Which?) | Date there | (month) (day) (year) | Accident, suicide, or homicide | |
| | ME | | | Where did injury occur? (City or town) (County) (State) | |
| De | elmar. Del | | | (City or town) (County) (State) | |
| Location | 12:00 | 2 | 1 - | Means of injury Injured at work? | |
| 18. Funeral director | 41.3.11 | Jan | U CD | Means of infart. | |
| Address | elma | 40 | eland, | 23. SIGNATURE FITTIS nel | |
| 153-28 | 145 | Ho | My E Bludge | 23. SIGNATURE M. D. or other M. D. or other Address Della storage 3-29-44 | |

APR 5 1945
BUREAU V.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-60



CERTIFICATE OF DEATH

03324

| Par | | | 1 | 0 | 0 | |
|-----|------|----|---|-----|---|--|
| Reg | Diet | No | 3 | - 5 | - | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| County Truco | M |
| City or town | 0 |
| How long In above place of death? | |
| Hospital, Institution, or street address where death occurred | 1005 Market Street |
| Generala Ben Derp. | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| LARC | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Temale White | 20. DATE OF DEATH March 12. 19. 45, 21 /D D. A |
| | |
| 8.(b) Name of husband or wife | |
| | 197 |
| 7. Birth date of deceased (mo., day, yr.) Manch 11 1945 | and that I last saw h |
| 8. AGE: Years Months Days If tess than one day | Immediate cause of death OURATION |
| 1 hrs. 27 min. | fremaline Dorch 2 mos |
| | |
| 9. Birthplace Salesbury Md. | Oue to Trevela Deparation |
| (Town, county and state) | of peace |
| tO. Usual occupation | Oue to |
| 11. Industry or business / 7 | |
| 12 Name Harles Kansey Card | Other conditions |
| 12. Name Marge Ward and | |
| | (Include pregnancy within 8 months of death) |
| 14. Malden name Harried McCling | Major findings of operations. |
| \$ 15. Birthplace Jumping Branch West Visai | |
| 16. Interment Miles Descriett Card | Autopsy results |
| - m & / DL + D / | PHYSICIAN: Please underline the cause tu which death should be charged statistically. |
| Address 1005 Market & Reel Formoker | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17 Clemation Oate thereof March 12 1945 | Accident, suicide, or homicide |
| (Bnrial, cremation, or removal. Which?) (month) (day) (year) | |
| Cemetery or cremajory | Where did injury occur? |
| Location feminestal many Japantel | Injured at home, farm, industry, public place (where?) |
| B. 1. 6. 11/1-1 | Means of Injury Injured at work? |
| 18. Funeral directory Allegalla Malland of Contract and | inter) / 1 mg |
| Address Paliebury Me. They are | Thunk Mann |
| 1 /19 /11/ 10 1 AND | 73. SIGNATUBE M. D. or other |
| (Date rec' doy registrary) | Address Dale by my Date signed 3/2/48 |

RECEDENTELL
MAR 23 1945
PUREAU V.E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 35-0



CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If rural, give LOCATION)

| 2.(a) | If veteran, | name | war |
|-------|-------------|------|-----|

3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 8 months of death) ticaDy.

| Autopsy resu | lts | | | | | | | ••••• | **** | | |
|--------------|--------|-----------|-----|-------|----|-------|-------|--------|------|---------|--------|
| PHYSICIAN: | Please | underline | tho | canse | to | which | death | shoutd | be | charged | statis |
| | | | | | | | | | | | |

22. VIOLENCE: if death was due to external causes, fill in the following;

| MURIC | uia mjary | occus | I | (City | r tow | n) | (County) | (State) |
|---------|-----------|-------|-----------|--------|-------|----------|---|---------|
| Injured | at home. | farm. | Industry. | public | place | (where?) | 8-08-88-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0 | |

injured at work? Means of Injury

M. D. or other

correct age L PLACE OF DEATH: legibly.

How tong to above place of death?...

3. (a) FULL NAME

7. Birth dale of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usual occupation

11. Industry or business 12. Name

13. Birthotace

Address

Address

(Date red d by registrar)

14. Malden name 15. Birthotace

Hospital, institution, or street address where deal

How long in hospital or institution?.....

Months

Days

If tess than one day

(month) (day) (yenr)

information carefull FOR BINDING item of

death clearly and

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Physicians: 1 PLAINLY, vis especially

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

03323

CERTIFICATE OF DEATH

Reg. Dist. No. 355

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| County | (For newborn infants give residence of mother) |
| City or town Saluteury | State County County |
| (If outside city or town limits, write RURAL and give never town) | Wantash Jone Johns n. |
| How long in above place of death? | (If outside ity or town limits write RURAL and give nearest town) |
| Nosalia, Institution, or Areet address where legth occurred: | IN PERIOD CAL DY D UDGET |
| Ten. sen. Hoyara | Street No. (If rural, give LOCATION) |
| How long in hospital or institution? 5 Weeks | 2.(a) If veteran, name war. |
| | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| William John Cra | ufold |
| 4. Sex 5. Color of race 6.(a) Single, harried, widowed, or divorced | MEDICAL CERTIFICATION |
| Male White Married | 2 21- 18- 1P |
| 0 0000 | 20. DATE DE DEATH 3 - 2 5 19 45 at 1 - M |
| 8.(b) Name of husband or wife Rome B. Chauferd | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 2-18/1045 10 3-25- 1045 |
| 7. Birth date of Co It alive, give age years | and that I last saw h. / Malive on 3-25-18.4.5- |
| 7. Birth date of deceased (mo., day, yr.) March 2-1880 | |
| 8. AGE: Years Montha Days If less than one day | Immediate canagos death DURATION |
| 65 0 23 min. | |
| | c cerebral + pulmonary |
| 8. Birthplace Cucasi | Ductolin believe. |
| (Town (county, und state) | |
| 10. Usual occopation | Due to. |
| 11. Industry or business & Engineering G. Phila, 1 | |
| | • |
| 12. Name Claim Cranfold | Other conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Maiden name Mary Patton | |
| [] [] [] [] [] [] [] [] [] [] | Major findings of operations |
| ≥ 15. Birthplace | Date ot op |
| 18. Informan . Jennie B. Claufre | Antopsy results |
| PAR Jugg Wantage Gree Iland | PHYSICIAN: Please underline the cause to which death should be churged statistically. |
| D' D' Nord for Dog S Asses OB | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17 Date thereof | Accident, suicide, or homicide |
| (Burini, cremation, or removal Which?), (month) (day) (yor) | |
| Cemetery of c)ematory | Where did injury occur? |
| Location Cloud, Jons Schand . M. 9. | Injured at home, tarm, Industry, public place (where?) |
| Hollower & C Wille 19 21, 80 | Means of Injury Injured at work? |
| 18 Fineral director | |
| Address taliffy mayland, | LO CO |
| -1-1-1-1 AD ADD | 23. SIGNATURE W. D., or other |
| 18. 3/20 Junto Trasquel La 81 | Landian N |
| (Date sec'd hy registrar) | Address Talesbur De Bate signed 3 -25-45- |

RECEIVED APR 7 1945

BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



2411 N. Charles St., Baltimore BACK CERTIFICATE OF DEATH

03327 Reg. Dist. No. X33L

| 1. PLACE OF DEATH: County. Wicomico | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|---|--|--|--|--|
| City or town Delmar (If outside city or town limits, write RURAL and give nearest town) | state Maryland county Wicomico | | | |
| (If outside city or town limits, write RURAL and give nearest town) | City or town Delmar | | | |
| How long In above place of death? | City or town Delmar (If outside city or town limits, write RURAL and give nearest town) Street No. 100 Pine Street | | | |
| Hospital, Institution, or street address where death occurred: | Street No. 100 Pine Street | | | |
| 100 1110 001000 | (If rural, give LOCATION) | | | |
| How long in hospital or institution? | 2.(a) It veteran, name war | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | | |
| Virgie Tyndall Culver | | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | | |
| Female White Married | 20. DATE OF DEATH. March 7 1915 at 11.53 M | | | |
| T 1 | | | | |
| 6.(b) Name of husband or wife Louie Culver | 21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from | | | |
| 20.20 | hor. 1844, 10 May ? 1845 | | | |
| 7. Birth date of | and that I last saw h | | | |
| deceased (mo., day, yr.) September 25, 1892 | Immediate cause of death toute to the tuning DURATION | | | |
| 8. AGE: Years Months Days If less than one day | An to refusing angua allaha 24 hours | | | |
| 52 | | | | |
| Sakisbury, Maryland | | | | |
| 9. Birthplace | Due to Coronery Jelium: 5 gr. | | | |
| 9. Birthplace (Town, county, and state) Housework | for the state of t | | | |
| ID. USUAL UCCUPATION. | Due to Channe Milligales & 32. | | | |
| 11. Industry or business Home | | | | |
| 置 12. Name Levin I Tyndall | Bites and litera | | | |
| E 12. Name Levin I Tyndall 13. Birthplace Wicomico County, Md. | Other conditions | | | |
| | (Include pregnancy within 3 months of death) | | | |
| 工 14. Maiden name | Major findings of operations | | | |
| 15. Birtholace Wicomico County, Md. | | | | |
| | Date of op. | | | |
| 16. Informant Louie Culver | Antopsy results | | | |
| Address Delmar, Delaware | | | | |
| Burial Mar. 10-45 | 22. VIOLENCE: tt death was due to external causes, till in the tollowing; | | | |
| Burla! (Burial, cremation, or removal, Which?) Dale thereot (month) (day) (year) | Accident, suicide, or homicide | | | |
| Cemetery or Penatury M.P. | Where did injury occur? | | | |
| | | | | |
| Location Delmar, Delaware | Injured at home, tarm, Industry, public piace (where?) | | | |
| 18. Funeral director 1-8-Islamel Co | Meens of Injury Injured 2t work? | | | |
| 10.0 / 10.0 | 1140 | | | |
| Address, Illmor, Illawale | 23. SIGNATURE JALANCE: | | | |
| 10 3/ 10 - 1045 Harry E Hudson | M. D. or other | | | |
| (Date/rec'd by registrar) (Date/rec'd by registrar) (Date/rec'd by registrar) | Address Advisor M. Date signed Man 2/445. | | | |

APR 5 1945 BUREAU V.E

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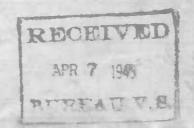
CERTIFICATE OF DEATH

| | | 2 | 3 | 2 | 1 |
|------|-------|-----|----|---------|---|
| Rog. | Diat. | No. | 10 | \prec | / |

| 2411 N. Cha | rles St., Baltimore |
|---|---|
| CERTIFICA | TE OF DEATH Rog. Dist. No. 3321 |
| 1. PLACE OF DEATH: County ZWEOMIED | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For peyborn infants givu residence of mother) State |
| City or town | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long in hospital or institution? Mar. 4 will 16 | Street No |
| 3. (a) FULL NAME annic M: Hav | 3. (b) Social Security Number |
| Female white married widowed, or divorced | MEDICAL CERTIFICATION 20. DATE DF DEATH March. 29 1945 at 12/187. |
| B.(b) Name of husband or wife. Zevin J. Davis S.(c) Italive, give age 73 year | 21. I CERTLEY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days Hiess than one day | and that I last saw h |
| 9. Birthplace maryland | Bue to Due to |
| (Town, county, and stage) 10. Usual occupation General Facuse 2046 | Due to. |
| 11. Industry or business 12. Name Elisha Mulchel 13. Birthplace | Dither conditions |
| 14. Maiden name Pittle Bahit 15. Birthplace | (Include pregnancy within 3 months of death) Major findings of operations. |
| 15. Birthplace Leven Internal Seven | Antopsy results. |
| Address Willards With 17 Durief Date thereof April 1-134 | PHYSICIAN: Please underline the cause tu which death shuld bu charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Wbich?) Cemetery or crematory | Accident, suicide, or homicide |
| 18. Funeral director Mrss M. Pasha Watsing | Injured at home, farm, industry, poblic place, (where?) Means of injury Injured at work? |
| Address Sellyville Del. | 23. SIGNATURE Sauk Less Sm. D. or other |
| (Date rec'd by registrar) (Date rec'd by registrar) Registrar | I side signed 4-1-45 |

MARGIN RESERVED FOR BINDING

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13120 CERTIFICATE OF DEATH

| | | | 0 | 9 | - |
|------|-------|-----|---|---|---|
| Reg. | Diat. | No. | | | |

| 1. PLACE OF DEATH: Prince | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For Hawborn interfa give residence of mother) |
|--|---|
| County City or town Salustury | State. Mal 1. pounty liconius |
| (If outside city or townshimits, write RURAL and five nearest town) | City or town Salustry |
| How long in above place of death? | City or town |
| 412 Jennood, are | Street No |
| How long In hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Martha ann | Davis 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION MALE 294 45 10.154 |
| Chal & Dai | 20. DATE OF BEATH. 1922 27 19.75 at 10.72 B |
| 6.(b) Name of husband or wife | 21. I ERRIFY that death occurred on the date above stated: that t attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 201. 26-1884 | and that I last saw halive on |
| 8. AGE: Years Months Days tf less than one day | Lamediate caose of death |
| 60, 7 3hrsnin. | Clark Oab Henry - Zech |
| 9. Birthplace | Due to Chy: Suf- Suphuts 245 |
| 10. Usuat occopation. | Due to 2 Ags |
| 11. Industry or byeiness | O T Y GALLEY |
| 12. Name / Worlester 6. md. | Diher conditions A 7. |
| 14. Maiden name Hennie Truit 15. Birthplace MolCulin G. Mid. | (include pregnancy within 3 months of death) Major fiedings of operations. |
| 15. Birthplace / Proceeding G. Mig. | Date of op. |
| 16. totorman M. Chally E. Davis | Actors results |
| Address N. H. Lawlung Maryland | 22. VIOLENCE: tf death was due fo exfernal causes, fill in the following: |
| (Burial, eremation, or removal, Which?) Date the following (Japonth) (day) (year) | Accident, suicide, or homicide, |
| Cemetery or femalog // Communication Communi | Where did Injury occur? |
| Wollows 4 (Nell & Hell | Injured at home, farm, lindustry builde place (where?) Means of injury Injured af work? |
| | |
| Addres Saliky Mayland | LEGINTURE A Daesey MA |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MAINTAND STATE OF STATE OF STATES

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APR 7 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 766

03330

CERTIFICATE OF DEATH

or. Dist. No. 333

| CLRITI | CATE OF DEATH Reg. Diat. No |
|---|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give realdence of mother) State |
| 3. (a) FULL NAME + avald Dinner 4. Sox 5. Color or raco 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number |
| male a a Hudaluer | MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that t attended decreases from |
| 8.(b) Name of husband or wife | Ayoars and that I last saw han allive on 18 DURAHOM DURAHOM |
| 8. AGE: Years Months Days if less than one day hrs. 9. Birthplace. Allen and | Bullet with of Julier |
| 10. Usual occopation. Lake as alone 11. Industry or business Same as alone | Due to |
| 12. Hame Milliam Derman 19. 13. Birthpiace of runtan of good | Other conditions (Include pregnancy within 3 months of death) |
| 14. Maiden name Color geliebh Chitiss 15. Birthplace / Fillday 16. Informant Elizabeth Fitter | Major findings of operations. Date of op. |
| Address allen md 17. (Burial, cremation, or removal. Which?) Bato thoreof Musical (month) (day) (year | |
| Cometery or crematory The successful Supply | Where did injury occur? |
| 18. Funerst director Santo M. Mulant Address Salishury 913 d | 23 STANATURE Sakafler & Comment |
| 19. 3 / 3 19 H6 Happing | M. D. or other |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

RICCELVED MAR 24 1945 BUREAU

MARGIN RESERVED FOR BINDING

VS A15

| E | V | i | d | 0 | nc | 0 | for | change | of | |
|---|----|---|---|---|----|----|-----|--------|----|--|
| 8 | 23 | 8 | | i | S | sh | own | on | | |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Blee

CERTIFICATE OF DEATH

(13331 Reg. Diat. No. 332)

| TILM NO LE SA MAY TO TOAK | |
|---|---|
| 1. PLACE OF DEATH: 10 1943 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother) |
| County. | State Mary County Manues |
| (If outside city or town limits, write RURAL and give nearest town) | Will a |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred | Street No. Kural. |
| | (If rurai, give LOCATION) |
| Bow long in hospital or institution? 3. (a) FULL NAME | 2.(a) If veteran, name war |
| I save Henry | Alexans 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce | MEDICAL CERTIFICATION |
| male While morried | 20. DATE DE DEATH. 3 -25 45 19 245 145 M |
| 6,6) Name of husband or wife. I do may Dennes | 21. I CERTIFY that death occurred on the date above stated; that I attended deceases from |
| 6.(c) If allve give age 6.9 years | august 1044 to day austra. |
| 7. Sirth date of deceased (mo., day, yr.) Quine 16, 1866 | and that I last saw transact. alive on 3 2 4 15 7 19 |
| 8. AGE: Years Worths Days If less than one day | Immediate cause of death DURATION |
| 78 -79- 9 9 hrs. min. | Comme sa sugares : |
| Willrade me | B. I. |
| 9. Birthpiace (Town, county, and atate) | Due to(f. f. |
| 1D. Usual occupation | Due to |
| 11. Industry or business | |
| 12. Name Thomas Reunio | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name Morgonell Unlenow 15. Birthplace | (Include pregnancy within 8 months of death) Major findings of operations |
| 15. Birthplace | Date of op. |
| 16 Informant Mrs. Ida May Dennis | Antopsy results. |
| Address Willards md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Date thereof. Max. 27, 1943 (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Willords, mg. | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director M. Lasha Watson | Means of Injury Injured at work? |
| Address Sellewille Del | 1. 6 Pt |
| m 22 1.5 120. P.D. | 23. SIGNATURE M. D. or other |
| (Date rec'd by registrar) Registrar | Address frillaids mg Date signed 3-26.45 |

APR 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13332 Reg. Diet, No. 334

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County | 0-1 |
| City or town | State County LLAND |
| How long in above place of death? | City or towe |
| How long in above place of death | 111 outside city or town limits, write ItOKAL and give nearest town) |
| | Street No |
| | |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Oliver Dickerson | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M. Cal Married | 20. DATE OF DEATH Much 16 4- 1945 21 7.004 M |
| 8. (b) Name of husband or wife. Massey B. Dicklisson | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the decele 12 the 18 the to My cele 15 18 the |
| | |
| 7. Sirth date of deceased (mo., day, yr.) December 1879 | and that t jast san it., mass, altic un |
| 8. AGE: Years Months Days If Jess than ono day | Immediate cause of death |
| 65 3 15 | COROLO COLLA HOLLO COLLA |
| 03/7/10/ | cerebrel Herrallage |
| 9. Birthplace | Due to |
| 10. Usual occupation. Insurance | 4.7 |
| | Due to |
| 11. Industry or business | C. Last Park Dia |
| 12. Name Dessure Dickerson | Other conditions Clever oscile user |
| 2 13. Birthplace Mardyla Spring, Md. | (Include pregnancy within 8 months of death) |
| 14. Maiden name. Willes 15. Birthplace | Major findings of operations |
| 15. Birthplace | Date of op. |
| man man () " her my | |
| 16, Informant | Autopsy results |
| Address Nelproug Mar. | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17 Burist Date thereof 3/19/45 | |
| 17. (Burial, cremation, or removal, Which?) Date thereof (month) (Asy) (year) | Accident, suicide, or homicide |
| Cemetery or crematory. Mandella | Where did Injury occur? |
| Location Markele Struck Ind. | Injured at home, farm, industry, poblic place (where?) |
| The Allm Sind of win | Means of Injury Injured at work? |
| 18. Funeral director | 010:00. |
| Address Alkan Ma | 23 SIGNATURE William & represent |
| 10 mex 18 10 to mo & m walla | M. D. or whor |
| (Date rec'd by registrar) Registrar | Address Date signed Date signed |

APR 5 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

03333

| | 9 | 01-5 |
|------------|-----|------|
| Rog. Diat. | No. | 5.3 |

| L. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County Mulamus Co | |
| (If outside city or town limits, write RURAL and give nearest town) | State Stary Gard County Willems CO |
| How long In above place of death? 1200 29 d | City or town (1f outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | The state of the s |
| E.S. DB Sanatoum | Street No |
| How long in hospital or institution? 129 265 | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Tilden Hendricks Ell | Per (1) social decision, states |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE OF DEATH THERE IS 18 45 at 5.00 A M |
| 6.(b) Name of husband or wife. Ila Wary Elley | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 66 | 1/19/45 18 10 3/8/45 18 |
| 7. Birth date of 4 year | and that I last eaw harmalive on 3/2/45 |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Yeara Months Days If less than one day | Rulmonary Tuberculosis 8 mo |
| 68 1 27min. | |
| 9. Birthplace Month Caroling (Town, county, and state) | Due to. |
| (Town, county, and state) | |
| 10, Usual occupation. | Due to |
| 11. Industry or business | |
| 12. Name | Other conditions |
| | |
| 14. Maiden name Polly Wintin | (Include pregnancy within 8 months of death) |
| 14. Maiden name Polly Wintin | Major findings of operations. |
| | Date of op. |
| 18. Informant clece ased by admission | Autopsy results. |
| Address Millim. M.S. R. S. | PHYSICIAN: Please underlino the cause to which death should be charged statistically. |
| 12 (Desiral) Boto thoras 3/1/145 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| 17. Out of the control of the contro | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) |
| Location Nellin Md. | Injured at home, farm, industry, public place (where?) |
| 110 7/10, On Valoria | Means of Injury Injured at work? |
| 18. Funeral director | |
| Address Sallahuly, M.A. 23. STONATURE. | |
| 19. 3 /11. 19 46 Faggiot & Opt | M. D. or other |
| 19. (Date rec'd by registrar) | Address. Date signed. |

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MARZS 1945 BURBAU V.SL

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

()3334 Reg. Dist. No. 44- 336

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Wicomico | (For newborn infants give residence of mother) |
| City or town | State Maryland County Wicomico |
| How long in above place of death? 20 years | City or town |
| Nospital, institution, or street address where death occurred: | Street No. 611 Chestnut |
| 611 Chestnut Street | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3.(a) FULL NAME Della Mae Ellis | 3. (b) Social Security Number |
| | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Widowed | 20. DATE OF DEATH. March 7 19.45 al7A M. M |
| B.(b) Name of husband or wife Riley Ellis | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | Janua 1944, 10 2005. 7 1945 |
| 7. Sirth date of deceased (mo., day, yr.) Dec.11- 1875 | and that I last saw he I alive on 1945 |
| 8. AGE: Years Months Days If less than one day | Immediate gause ni death tente continue DURAJION |
| 69hrs,min. | Lastron 19 m |
| , | |
| 9. Birthplace | Due to Lamma 7 |
| 1D. Usual occupation. Housework | The med Arthurs 10 mm |
| 11. Industry or business Home | Due to. |
| ۳ ای Name Unknown | Other conditions |
| 12. Name Unknown 13. Birthplace Unknown | |
| | (include pregnancy within 8 months of death) |
| 14. Malden name Matilda Littleton 15. Birthplace Wicomico County, Md. | Majnr findings of operations. |
| | Date of op |
| 18. Informant William J. Ellis | Antopsy results. |
| Address Delmar, Delaware | PHYSICIAN: Please underline the cause in which death should be charged statistically. |
| Burial Bate thereof March 9-45 | 22. VIOLENCE: It death was due to external causes, fill in the following; |
| Burial (Burial, segnation, corremayark Which?) Bate thereof. (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or Welhard Liberty town | Where did injury occur? |
| Location Libertytown, Maryland | Injured at home, farm, Industry, public place (where?) |
| Wel manuel Co | Maens of injury Injured at work? |
| 1B. Funeral director | ET.CA |
| Address Alling, Elelange | 23. SIGNATURE 14. h3 new |
| March 7, 1845 Harry E. Audson | M. D. or other M. D. or other Deliver Date signed man 7/44 |

APR 5 1945
BUREAU V.B.

03335

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County O Misconice | (For sewborn fafants give residence of mother) |
| X Alial | State Mag County Miconico |
| City or lown | " Adlation |
| How long in above place of death? | (If outside city or town limits, write KURAL and give nearest town) |
| How long in 200ve place of death? | Street to 202 marstand are |
| | |
| 202 Maryland ave | (If rura) rive LOCATION) |
| How long in hospital or institution? | 2.(a) If vetcran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| X 7 | 1 /2 |
| 4 Ser 1 5. Coint or race 6.(a) Single, married, widowed, or divorced | Commence Commence Tion |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Temple White Widowed | 20. DATE OF DEATH Mouse 27 19.445 at 10.30 pg |
| The state of the s | |
| 8.(b) Name of husband or wife. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | mards 1944 10 Mards 27 18 43 |
| S.(c) If alive, give ageye | and that I last saw h. E.X. alive on March 22 1945 |
| 7. Birth date of deceased (mo., day, yr.) Ost 30,882 | |
| | Immediate cause of death DURATION |
| o. Auc. | |
| 62 4 2/ hrsm | in Carcinoma a literus |
| The same and an Smarter and an 20 | |
| 9. 8irthplace (Town, county, and state) | Due to |
| 200 | |
| 10. Usual occupation | Due to |
| 11. Industry or business | |
| | |
| 12. Name Jan S. Cardley 13. Birtholan Wisomire Co. That | Other conditions |
| \$ 13. Birtholan Wisomure Cu, ma | (include pregnancy within 3 months of death) |
| 14. Malden oame Emma addams | |
| 14. Malden vame Emma adams 15. Birthplace Someway Cer, Mal | Major findings of operations. |
| X 15. Birthplace, Somerace Cer, 1986 | Dale of op. |
| mas Grande Busses | Autopsy results |
| 16. Informant | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Salisbury Mal | |
| 13/30/11 | 22. VIOLENCE: If death was due to external causes, fill in the tollowing: |
| (Burlal, crematioo, or removal. Which (month) (day) (year) | Accident, suicide, or homicide |
| Cometery or cremate Ballist M. E. Connetter | Where did injury occur? |
| Cemetery or crema | |
| Inter Motomole ma | Injured at home, farm, Industry, public place (where?) |
| Location | Means of Injury Injured at work? |
| 18. Funeral director the factor to the factor of the facto | Lefo, |
| Quit la mal | 1 |
| Address Sausaury My | By SIGNATURE - Comments of the |
| 120 115-100 ASI | M. D. or other |
| 19. Register | trar Address 3 a 1.5 out 1 had Dato signed 5 3 out |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The last on the second state of

APR 7 1945 BUREAU V.S. rrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The can is especially important. Physicians: please write the causes of death clearly and legibly.

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| CER | TIFICATE OF DEATH | Reg. Diat. No. 330 |
|--|--|--|
| 1. PLACE OF DEATH: County Washington English Reveal (If outside city or town limits, write RURAL and give ner How long in above place of death? Hospital, institution, or street address where death occurred: | City or town | lence of mother) |
| 3. (a) FULL NAME Lorraine Emma Gatte | | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or temperature Colored Single | WEDICA | AL CERTIFICATION |
| 6.(b) Name of husband or wife | and that last such a grown and the grown and th | ithin 3 months of death) |
| 16. Informani Otto Gattis Address Wardela Springs Karyfaud R7 17. Burial Barial, cremation, or removal. Which?) Date thereof Warch 16 | Aatopsy results as above PIIYSICIAN: Please underline the cause of the | se to which death should be charged statistically. |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186-21

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CERTIFICATE OF DEATH

Rev. Dist. No. 333

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) |
|--|---|
| City or town (If outside city or town limits, write RURAL and give nearest town) | State Red County Workston |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5 5 Market |
| Commence Segural Sospilat | (If rural, give LOCATION) |
| Now long in hospital or institution? | 2.(a) If veteran, came war. |
| 3. (a) FULL NAME Mr. Al raham Groh- | 3. (b) Social Security Number |
| 4. Sex 5. Color or rac: 6.(a) Single, married, wildowed, or divorced 6. Color or rac: 6. Color or ra | MEDICAL CERTIFICATION 20. DATE OF DEATH. MALCH 27- 19.45- 11 8/20.M |
| B.(6) Name of husband or wife Sarah Woolensky Broke | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) | and that I last saw h alive on 7 |
| 8. AGE: Years Months Days If less than one day hrsmin. | Immediate cause of death Rt Np BURATION |
| 9. Birthplace | Due 10 |
| 10. Usual occopation. Clothy Wornefacturing | Due to |
| 12. Name Parel 3 | Other conditions |
| 14. Maiden name | (Include programmey within 3 months of death) Major findings of operations. Frankl Rt lip. |
| 16. laformant maurice Srok. | Autopsy results. PHYSICIAN: Pleasa underline the cause to which death should be charged statistically. |
| Address SD5 heret at Pocomole Villa 38-43 | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Bate of 3 - 6 - 2 5 |
| Burisi, eremestor, or ramoval. Which?) Cometery or elematory. | (City or town) (Conpty) (State) |
| Location Buff & Waller P. Holler | Injured at home, farm, industry, public place (where?) Means of Injury Fell down injured at work? |
| Address Saluty Mayland, | 23. SIGNATURE Sleputy medical & survey |
| 19. (Date rec'd by registrer) | Address Delibry ned Bate signed 3/27/45. |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13338 Reg. Diat. No. 333

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother). |
|--|--|
| County City or town | State Malanaghan County Malandala |
| City or town (1f outside city or town lights, write RURAL and give nearest town) | 1/1 0/12 0 141 |
| Now long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Temmanda Samuel Startiel | Street No. (If rurai, give LOCATION) |
| How long in hospital or institution? 5-2 days. | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| James Haleton | Mone |
| Male white Single warred, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH MANAGEMENT 18-45-701 MINERAL MANA |
| 6,(b) Name of husband or wife. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 1/5/10/19/5/10/3/27 10/5 |
| 7. Birth date of deceased (mo., day, yr.) | and that I last saw harmalive on 18.25 |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION |
| #3 hrsmin. | Hygashagleril Mestale hus |
| 9. Birthplace JANA MALLANDER MIGHT | Due to |
| 10. Usual occopation. Offalmill | Due to. |
| 11. Industry or business | Due to |
| 12. Name JANDANGTON | Other conditions An Maghetta |
| # Rathan | (Include pregnancy within 3 months of death) |
| 15. Birthplace May Amy | Major findings of operations. Date of op. 22/14/14.5 |
| 16. Informant That I altie of the Halling | Antopsy results |
| Address Show Bell, M. of Kinal III | 22. Violence; if death was due to external causes, fill in the following; |
| (Byrial, cremation, or removal Which?) Bate thereof. (Modification) (mouth (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | Where did injury occur? (City or town) (County) (State) |
| Obered the tell (mol | Injured at home, farm, industry, public place (where?) |
| 7/101 | Means of injury Injured at work? |
| 18. Funeral director | 1.1 |
| Address Shipm Mills, 1114 | A3. STONATURE |
| Date seed by registrary 1946 Bassaco Registrary | M. D. or other. |

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2411 N. Charles St., Baltimore 173.2

CERTIFICATE OF DEATH

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| Reg. | Dist. | No. | 7 | 7.26 |

| 1. PLACE OF DEA | ATH. | | 1 2 HEHAL DECID | ENCE (TYONAE) O | P DECEASED | |
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| | Wicomic | 00 | (For newborn is | ENCE (HOME) 0 nfants give residence of | mother) | |
| County | | of Quantico | Germa | any | inty | |
| (If o | utside city or town lin | nits, write RURAL and give nearest town) | War | rstein | mty | 1000 101 11 10 10 10 10 10 10 10 10 10 1 |
| How long in above place | ot death? one | day | City or town(If or | utside city or town limit | , write RURAL and give nea | rest town) |
| Hospital, institution, or | street address where d | leath occurred: | 12 | Horst Wesse | 1 St. | , |
| | *************************************** | | Street No | (If rural, give | LOCATION | |
| New long in becaltel or | Inctitution? | | 2.(a) If veteran, name | Warld Wa | r No. II | |
| | | *************************************** | . 2.(a) veteran, name | W27 | | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security 1 | Number |
| Fran | z Herberho | old, Gefr., 31G 130505 | | | | |
| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced | 1 | MEDICAL CI | ERTIFICATION | TI . |
| Male | White | Single | | | | 77.15 4 |
| 1100 200 | 1 1111100 | 1 Dingle | 20. DATE OF DEATH | 5 March | 19.45 | at 11845 |
| 6.(b) Name of husband | or wife | | 21. I CERTIFY that deat | th occurred on the date abo | ve stated; that I attended decea | sed from |
| | | | | 19 | to | 19 |
| 7. Birth date of | | | | alive on | | 19 |
| deceased (mo., day, yr | r.) | | | | | DURATION |
| 8. AGE: Years | Mooths | Days If less than one day | | | ock, acute, | |
| 2] | 1 11 | hrs. min. | treamed | tic covere | ok, acuve, | *************************************** |
| ~- | | 5 | | | | ************************ |
| B. Birthplace | Germany | ounty, and atate) | | | ting, through | *************************************** |
| | Farmer | ouncy, and acate) | left at | odomen and r | elvis. Fracti | re |
| 10. Usual occupation | | *************************************** | Due to Compour | nd, comminut | ed left humer | is, |
| 11. Industry or business | | | Injuries su | ustained 5 M | March 45, 11:45 | a.m. |
| 当 12. Name | Unknown | | | | as drawn into | |
| 13. Birthplace | | | | | | *************************************** |
| William Company of the Company of th | 77-3 | | (Inclu | de pregnancy within 8 m |) Md . nonths of death) | |
| 里 14. Malden wame | Unknown | *************************************** | | ations None | | |
| 14. Maiden name | | | Major lingings of oper | | | *************************************** |
| | Comp Como | ment Wenterson MA | ••••• | | | |
| 16. Informant | Camp Some | rset, Westover, Md. | Antopsy results | None | ich death should be charged s | A. A*-A* 17 |
| Address | | | | | | папинсану. |
| , Burial | | mars 7 1945 | | th was due to external cau | | 1/ 1 // |
| (Burial, cremation, | or removal. Which?) | Date thereof (month) (day) (year) | Accident, Macile XXXIII | | Date ot5 | March 45 |
| Cemetery or cremator | , Fort Ge | orge Meade, | Where did injury occur | · Quantico | , Maryland (County) | *************************************** |
| | | Meade, Maryland | and the same of | WEO (City or town) | (County) | (State) |
| Location TOTO | deorge d. | meaue, mary rand | Injured at home, farm, | Industry, public place (wh | nere?) Lumber Pro | |
| 18. Funeral director | 9/2 M | and co. | Means of Injury Cir | cular saw | Injured at work? Y | es |
| 10 | Dallas V | 0.1 | Balant 2 | Sel Commis | (1) | 11.1 |
| Address | wmay x | legarore | 23. SIGNATURE | Zug W | LOW SA | Mug |
| March 5 | 10145 | Harry & Hudra | Control of the state of the sta | Va | M. D. o. | 1 / (9/ 1) |
| (Data madd by man | istan) | | MIL. WALLC | e stores | my | 3/1/44 |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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| CERTIFICAT | TE OF DEATH |
|--|--|
| CERTIFICAL | E OF DEATH Reg. Dist. No. 3.33 |
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For my whom includes give residence of motion) Slate |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Join Beatine | 3. (b) Social Security Number |
| 6.(6) Name of husband or wife 8.(6) If allve, give age years | MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 18.45.2 \$ 18.45. |
| 7. Birth date of deceased (mo., day, yr.) DLC. //- | and that I last saw h. 2 alleg on 18Ch |
| 8. AGE: Years Months Days It less than one day | fra who |
| 8. Birthplace (Town, county and state) | Due to 13 of longs: 400 2 |
| to. Usual occupation. tt. Industry of business 12. Name 13. Birthulace. | Other conditions |
| HE 14. Malden name L. L. E. Dorraway 14. Malden name L. | (Include pregnancy within 3 months of death) Major findings of operations. Bate of op. |
| 16. Informant Jane F Withett & Address 120, Oak Thill are, Salet | Autopsy results |
| 17 Burial, cremation, or removal Which?) Date thereof (honth) (day) (year) | Accident, suicide, or homicide |
| Location Comments of the Comme | Where did injury occur? |
| Address Jaluly Ma | 28. SIGNATURE M.D. or other |
| (Onta recidity registrar) | newsapashum Paul Bate algored Many 2 8/ |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03341. 23. Reg. Diat. No. 333

CERTIFICATE OF DEATH

| City or town. (If controlled sty or town fulface, write AllerAs and give nearest town) State. Construction of the Control of | 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|---|
| Rev ineg in basel passes and season and seas | County Add Adding | (For newborn infants give residence of mother) |
| Rev ineg in basel passes and season and seas | (If outside city or town finites, write RURAL and give nearest town) | All hours WAN |
| Sired Ro. (If round, give LOCATION) Sired Ro. (If round, give LOCATION) Social Security Number Social Security Number | How long to above place of death? | (If outside city or town lights, write RURAL and give nearest town) |
| Rev long in hespital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. So. Color or rest 5. Color or rest 6. (c) State of Color or rest 8. (c) State of Color or rest 9. (c) State of Color or rest 12. LI CERTIFICATION 13. Library or Li | | Steed No. |
| Row long in hospital or institution? 3. (a) FULL NAME A. Sep. 5. Color or rigos 6. (c) Single, married, niclowed, or diverses MEDICAL CERTIFICATION 1. Survive date of the date above stated; that I attended deceased from the date of the ceres of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date above stated; that I attended deceased from the date of the date of the date of the date above stated; that I attended deceased from the date of the date of the date of the | | (If rural, give LOCATION) |
| 3. (a) FOLIL NAME 3. (b) Social Security Number 6. (c) Single, married, widewed, or divoced MEDICAL CERTIFICATION MULL 6. (d) Home of hurband or wife | Now long in hospital or institution? | |
| 4. S. S. Coller or rape 5. Coller or rape 6. (a) Single, married, widewed, or diversed MEDICAL CERTIFICATION 20. DATE DF DEATH 19. Y. S. at 1, 20. P. M. 21. I CERTIFY that death occurred so the date above stated; that I attended deceased from 19. Was deceased (mo., day, ry.) 8. AGE; tears Months 19. Was a cocapity, and state) 10. Usual occupation 11. Indexity or business 11. Indexity or busine | | " |
| S.(6) Name of husband or wife. S.(6) It alive, give age. S.(6) It alive, give age. S.(6) It alive, give age. S. AGE: Tears Minother Date 11 lifes than one day The string date of deceased (no., day, yr.) S. AGE: Tears Minother Date 11 lifes than one day The string date of deceased (no., day, yr.) S. AGE: Tears Minother Date 10. Usual occupation. Due to. Due to. Due to. Dither conditions D | Cdied Baunda Nited | 3. (b) Social Security Number |
| 8. (6) Name of husband or wife 10 11 11 12 12 13 13 14 14 14 14 15 14 15 15 | 4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 6.(6) Rame of husband or wite of the state and the state of deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the deceased | renale Ithito Married | h- ' |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years (Months Dark II fess than one day To Shorths II fess than one day II fess t | 6.(b) Name of husband or wife 1 1 1 1 2 1 2 1 2 1 2 1 1 1 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years (Menthe Day's 11 lies than one day 10. Usual occupation. 9. Birthplace | \$ (c) 11 allya etya ago 7 / wassa | 19 T. J. 10 Mars 7 19 40 |
| 8. AGE: Years thouths Days 11 fees than one day 7 7 7 5 | 7. Birth date of | and that I last saw he alive on freezes 7 1943 |
| 8. AGE: Tears Months / Bay: 11 fees than one day hrs. | | Immediate cause of death DURATION |
| S. Birthplace (Town, cougty, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace Major findings of operations. (City or operations.) Major findings of operations. Major findings of operations. (City or operations.) (City or operations.) Major findings of operations. (City or operations.) | 8. AGE: Years Months / Days 11 less than one day | Carrenna / Keeker lala |
| 3. Birthplace (Toyn, county, and state) 10. Usual occupation. 11. Industry or business 12. Name | 69 7 175min. | |
| 10. Usual occupation. 11. industry or business 12. Name | Thismis Com. | |
| Due to 11. Industry or business 12. Name | S. Birthplace (Toym, county, and state) | Due to |
| Due to Due to Due to Due to Dither conditions It. Maiden name. It. Maiden name. It. Birthplace Address Address Address Address Cemetery or crematory. Location Location Location Address Acident, suicide, or bomicide. Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury Injured at work? | (A Name of | |
| 12. Name. A library of the library o | | Due to |
| 14. Maiden name 15. Birthplace 16. Informant Address Aliahuy 17. (Burial, eremation, or remoyal, Which?) Cemetery or crematory Location Location Location Address Address Address Address Address Address Address Address Address Accident, suicide, or bomicide Where did injury occur? (City or town) (County) (State) Injured at work? Address Address Address Address Address Address Address Address Address Accident, suicide, or bomicide Where did injury occur? (City or town) (County) (State) Injured at work? | | |
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| Actopsy results. Actopsy results. PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: II death was due to external causes, IIII in the following: Accident, suicide, or bomicide. Bale of Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury injured at work? | | (Include pregnancy within 3 months of death) |
| Actopsy results. Actopsy results. PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: II death was due to external causes, IIII in the following: Accident, suicide, or bomicide. Bale of Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury injured at work? | E 14. Maiden name | Major findings of operations Becken Alexand Release |
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| Address Address Aliakury Date Ihereol (Burial, eremation, or remoyal, Which?) Cemetery or crematory Location Location Location Address PHYSICIAN: Please underline the caose to which death shoold be charged statistically. 22. VIOLENCE: II death was due to external causes, Illi in the following; Accident, suicide, or bomicide. Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?) Means of injury Injured at work? | | |
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| Date Hereol (Burial, eremation, or remoyal. Which?) Date Hereol (month) (day) Expansion | Address Aleskung, Ild. | |
| Cemetery or crematory (City or town) (County) (State) Location (City or town) (County) (State) 18. Funeral director (Address Address (City or town) (County) (State) 23. SIGNATURE (City or town) (County) (State) | 17 / Dural Bata therent 3/9/45 | |
| Location Shilling Minimed at bome, farm, industry, public place (where?) 18. Funeral director Shilling Minimed at work? Address Skiehely Minimed at work? | (Burial, eremation, or removal, Which?) (month) (day) (par) | Accident, suicide, or bomicide |
| 18. Funeral director. The Will's That of G., Means of Injury Injured at work? Address Adishury, M. 23. SIGNATURE. | Cemetery or crematory Mything Manual Tauk. | Where did injury occur? |
| Address Alishung M. 23. SIGNATURE 23. SIGNATURE | Location Staffel Millig 1 | |
| 23. SIGNATURE | 18. Funeral director I I I I I I I I I I I I I I I I I I I | means of injury Injured at work? |
| | Address Thursday, 118. | 1/M' Nuch |
| (Date red d by registrar) (Date red d by registrar) (Date signed) | 9/9 11-12 AD ()al | Z3. SIGNATURE M. D. or other 14 2 |
| | (Date reg d by registrar) | Address July Bate signed 3/ 7/4/ |

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MAR 22 1945

EUREAU V. S.

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(Date reg'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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.Date signed 3

| CERTIFICAL | E OF DEATH Reg. Diat. No. |
|--|---|
| 1. PLACE OF DEATH: County Coun | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Delawale County |
| (If outside city or town fimits, write RURAL and give nearest town) How long in above place of death? Beautal, institution, or street address where death occurred: | City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) ti veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 4. Sex 4. Sex 4. Sex 6.(a) Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 6.(b) Name of husband or wite Educated Alaborate Alabora | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| 8. AGE: Years Months Days It less than one day Ohart 3.6 | Immediate cause of desth. Streptocoaco DURATION |
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| 16. Informant Address Address Address | Autopsy results |
| 17. Bufal, cremation, or removal. Which?) Date thereof Man. 8 th 184 5 - (month) (day) (year) | 22. VIOLENCE: If death was due to exfernal causes, filt in the following: Accident, suicide, or homicide |
| Location Landson Location Landson Land | Where did injury occur? |
| 18. Funeral director Shares Address Sulling my | Means of Injury Injured at work? Passignature Pursley M.D. J.E. C. |
| a 100 115 00/ 1 21/61 | M. D. or other |

Megistrar Address....

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PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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| CERTIFICA | TE OF DEATH Reg. Diat. No. 3 |
|--|--|
| City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? (Rospilal, institution, or street address where seath occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State |
| 3.(a) FULL NAME Johson, woodvo | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M. Color Seingle | MEDICAL CERTIFICATION 2D. DATE DF DEATH. 3 4 19 45 21 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date andre stated; that l'Attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day | and that I last eaglist alive on 19 Immediate equise of death Duration Due to Bullet |
| 10. Usual occupation. Fassa Lafaell | Due to. |
| 11. Industry or business 12. Name | Other conditions (Include pregnancy within 8 months of death) Major fiediogs of operations. |
| Address Address Date (hereof | Actopsy results. PHYSICIAN: Please underline the cause to which death shoold he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? |
| Location Tursuling Messuling Messuling Address Address Messuling M | Injured at home, farm, industry, public place (where?) Means of injury of the Injured at work? Means of injury of the Injured at work? |
| 19. Meh 7 (Date ree'd hy registrar) 1945 Mus JM. Wallage | 23. SIGNATURE Address M. D. or other Address Date signed 3/5/45 |

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APR 5 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

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|--|--|--|
| CERTIFICAT | TE OF DEATH | Reg. Dist. No. 333 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) | OF DECEASED: |
| County Messugo | (For newborn tufants give residence o | f mother) |
| (If outside city or town lights, write RURAL and give nearest town) | Slate | a Assac |
| How long in above place of death? | (If outside city or town limi | its, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No | *************************************** |
| I Mundell Gladed Frontill | (If rural, giv | re LOCATION) |
| How long In hospital or institution? | 2.(a) It veteran, name war | 4 |
| 3. (a) FULL NAME | | 3. (b) Social Security Number |
| John Jones | | 218-05-8786 |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION |
| Male Golored marie | | 6 5 1945 at 6 28 |
| 6.(b) Name of husband or wife Designa James | 21. I CERTIFY that death occurred on the date at | |
| | Transmal Open | celle to the confident of the till the contract of the till the till the contract of the till the till the contract of the till |
| 7. Birth date of deceased (mo., day, yr.) June 19, 1898 | and that I last saw hative on | 19 |
| | Immediate cause of death | |
| 11.00 | Choplexy | sudden |
| 76 8 16min. | 1 | |
| 8. Birthplace (Toy, county, and state) | Due to | |
| 10. Usual occupation to abox | ••••••• | |
| IV. VSVAI GCCUPATION | Due to | *************************************** |
| 11. Industry or business | | |
| 12. Name John S. Jones | Other conditions | |
| 12. Name John Solves Solves Con | | |
| M Augus Out | (Include pregnancy within 8 | |
| 15. Birthplace Somesef Co. | Major findings of operations | the state of the s |
| | *************************************** | Dale ot op, |
| 16. Informant Designa Jones | Actopsy results | |
| Address Trusess donce - Ma | PHYSICIAN: Please underline the cause to w | which death should be charged statistically. |
| | 22. VIOLENCE: tt death was due to external ca | auses, till in the following; |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide | Date of |
| Cemetery or crematory 7111 Canual | Where did injury occur?(City or town) | (County) (State) |
| Location Trices dure, Me: | Injured at home, tarm, Industry, public place (| |
| 18. Funeral director William James + Son | Means of injury | Injured at work? |
| | en CF | 7 1 |

Address...

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(Date rec's by registrat)

FURBAU V.S.

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

03345

| - | D | | 3. | 22 |
|------|------|----|----|----|
| Reg. | Dist | No | - | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | . 0 |
|--|---|--|
| County | (For newborn infants give residence of mother) | ni C |
| (If outside city or town limits, write RURAL and give u arest town) | StateCoun | *************************************** |
| How tong in above place of death? 4 Worklas | City or town | nearest town) |
| Hospital, Institution, or start address where path occurred: | 114 Teachers are | and the state of t |
| 129 Juneten, ase / Trutt | Street No. (If rural, give LOCATION) | |
| How long to hospital or institution? | 2.(a) If veteran, name war. | ************* |
| 3. (g) FULL NAME | 3. (b) Social Securi | tu Nambau |
| Maggue Pauline | 3.(0) Social Securi | ty Rumber |
| 4. Sex 5. Color or oce (1) (a) Single, married, widowed, or divorced | MEDICAL GERTIFICATION | |
| temale White Midow | 20. DATE OF DEATH. March 8 2 19 4 | 5 4554 |
| 6.(b) Hame of husband or wild Senjamin Thomas Jon | CERTIFY that death occurred on the date above stated; that tattended de | eceased from 78. |
| 1 Dead | June 2 1044 10 Man | ele 1944 |
| 7. Birth date of | 2 and that t test saw h. a silve on Zeach 8 | 19.4 |
| deceased (mo., day, yr.) // 3 - / 0 / 6 | Immediate cause of death | |
| 8. AGE: Years Months Days If less than one day | linema | V- |
| 68 10 3hrsmin. | Cheshertone | So es |
| Quinces III | Diephotis | |
| 9. Sirthplace | Due 10 | |
| 10, Usuat occupation. | | |
| 67 Therese | Due to | |
| 11. Industry or bupmass | - | |
| 12. Name Correct Starting | Other conditions | ***** |
| | (Include pregnancy within 8 months of death) | |
| 14. Maldan name Pauline Ette 15. Sirthplace France | | |
| N 15 Sirthalaca Fu ance | Major findings of operations |) • • • • • • • • • • • • • • • • • • • |
| New Parlin Brand | Date of op | 1001.0000000000000000000000000000000000 |
| 16, Informant | Autoby results | |
| Address /14 Juneou al. Salitury / | 14 | tu statutuway. |
| 17 Beriel Batheren March 111- | 27 VOLENCE: If death was due to externat causes, fill in the following; | |
| (Burial, cremation, or movul. Which?) | | |
| Cemetery or progratory | Where did injury occur? | (State) |
| Taumstury Maryland | Injured at home, farm, Industry, public place (where?) | |
| Location P No. 1 P 2//// | Means of injury injured at work? | |
| 18. Funeral director | Military Control of Works | |
| Address allegen Maryland | De 2 2 B | - 2006 |
| -111 Mundas 1 AD On | 23. SISHATURE M. I | D, or other |
| (Date red by registrar) | Address ales Vruy Turd Date signe | 3/9/45 |
| Constitution of the state of th | Nutres signe | |

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MAR 23 1945

PUREAU V.

| CER | IIFICATE OF DEA | Reg. I | Diat. No. 33 |
|--|--|---|--|
| 1. PLACE OF DEATH: County | (For newborn in State | utside city or town limits, write RUA | icomia |
| 3. (a) FULL NAME 4. Sex 5.00lor or race 6.(a) Single, married, who wed, or | ustral, | 3. (b) Sec | ial Security Number |
| 5.(b) Name of husband or wife Estelle 16. T. Birth date of deceased (mo., day, yr.) The state of deceased (mo., day, yr.) | 5 6 years and that I last saw h | th occurred oo the dale above stated: that | 19 44. |
| 8. AGE: Years Months Days If less that one days Strippiace. ACCOMAC DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS | mmediate cause of do | -en / Vaener | 0 |
| 11. Industry or business 12. Name | Due to | nde pregnancy within 3 months of death | ib) |
| 14. Maiden name Community | Majer findings of oper | - Parcus 10 | 16 of op 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Address 17. Burlai, cremation, or removal. Which! Cemetery or crematory. Wichelms Manual Ma | lay) (year) Accident, suicide, or he | ath was due to external causes, till in the toomloide | lollowing; Date of |
| 18. Funeral director | Injured at home, tarm, Means of Injury | Industry, public place (where?) | Loser Ver U |
| 19. (Date red by fegistrar) | 22 SIGNATURE | strey lug | M. D. or other |

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY. WITH UNFADING INK.

RECEIVED BURNAUV.

HITELITA STREET, SATURITY OF STREET

03347

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

| 1. PLACE OF DEATH: County | marko |
|--|---|
| Cily or town County County County County County County County City or town limits, write RURAL and give nearest town) Row long in above place of death? (If outside city or town limits, write RURAL and give nearest town) | mila |
| How long in above place of death? (If outside city or town limits, write RURAL and g | |
| Not the land the second of the | rive nearest town) |
| Nospital, Institution, or street address where death occurred: | |
| Street No. (If rural, give LOCATION) | |
| How long In hospital or institution? 2.(a) If veteran, name war. | 2 Rooth and |
| 3. (a) FULL NAME (b) Social Sec | urity Number |
| Offala amail King | |
| 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION | N |
| Jemale a. a. Meidane 20, DATE OF DEATH 107 976 134 194 | |
| S Patt 4 | |
| marche 9 w us my | w/2/32 13- |
| B,(c) II allye, give age veare | |
| deceased (mn day yr.) | / |
| 8. AGE: Years Months Days If less than one day | DURATION |
| | |
| about 67 hrs. min. Trogressive Bulbar Taralysi | 15 3 years |
| 9. Birihpiace (Town, county, and state) | |
| | |
| 10. Usual occupation. | |
| 24 Industrial of Nicolana | *************************************** |
| 51 Break Break | *************************************** |
| | |
| 2 13. 8irthplace (linelude pregnancy within 3 months of desth) | |
| 14. Majden name Manara Allul | |
| Majer findings of operations. | 0-1000000000000000000000000000000000000 |
| E 15. Birthplace allen md | |
| 16. Informant / Com On Autopsy results. | |
| Address Address Please underline the cause te which death should be ch | narged statistically. |
| 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| (Borial, cremation, or removal. Which?) Date thereof (month) (day) (year) Accident, evicide, or homicide | J |
| (10) 1 1 | |
| Cemetery or crematory 14 Milmal Shifa (County) | (State) |
| Location Allen and injured at home, farm, industry, public place (where?) | 202220000000000000000000000000000000000 |
| Means of injury Injured at work | k? |
| 18. Funeral director | |
| Address / Salislany and a source Clary of March | common |
| 28 SIGNATURE | M. D. or other |
| in 9/16 with the second I musion | 3. 15. 45 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

STATE OF MALE PERSONS

RECEIVED MAR 24 1945

BUREAU V.

03348

CERTIFICATE OF DEATH

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|------|---------------|---------|
| leg. | Diat. | No. 3 5 |

| CERTIFIC | ATE OF DEATH Reg. Dist. No. 33 |
|--|---|
| 1. PLACE OF DEATH: Wilcomico | 2. USUAL RESIDENCE (MOME) OF DEC ASED: (For newborn infants two residence of mother) |
| (If outside city or fown limits, write RURAL and give nearest town) | State County County County City or town |
| Row long in above place of death? | (If outside city or town limits, white RUHAL and give nearest town) Street No. 303 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| How long to hospital or institution? | (If rural, give LOCATION) 2.(a) If veteran, name war |
| 3. (a) FULL NAME Elsie Florence | Lewis 3. (b) Social Security Number |
| 4. S. S. S. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. BATE OF BEATH MALL 30 2 1945 - 11/2 |
| 6.(b) Name of husband or wife Phillips R. Lewis | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) Dec. 10-1896 | and that I last saw halive on |
| 8. AGE: Years Months Bays If less than one day 20hrs. | Value Hand Nove The |
| 9. Birthplace | Bue to |
| 10. Usual occupation | Bue to. |
| 12. Hame Manain Vitchens | Other conditions Of allust fremme |
| 14. Maiden name May 6. Cranfield 15. Birthplace Milletono October | (Melude pregnancy within 8 months of death) Major findings of operations. |
| mu Dillia P fair | Bate of op. |
| Addres 303 Junt A. Salily M. | Autopsy results |
| (Burial, cremation, or removal, Which?) Bate thereof (morth) (day) (year) | |
| Cemetery or crematory the Bulin Marsland | Where did injury occur? |
| 18. Justic History Fa. Walle P. Thelles | Means of Injury Injured at work? |
| Address Saluky Ind. | 22 SIGNATURE A Moure |

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ALCHEROLOGY OF MARIE SAND

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APR 7 1945

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CEDTIFICATE OF DEATH

| rec | | CERTIFICATE OF D | EAITI Reg. Dist. No. | 333 |
|--|--|---|--|---|
| refully. The corry and legibly. | County | sand give nearest town) (For newb | ESIDENCE (HOME) OF DECEASED: forn in first give residence of mothers County Co | nico |
| information carefully of death clearly and | How long in hospital or institution? 3. (a) FULL NAME | Cire. 7 | name with a security of the se | strut |
| | 4. Sey) 5. Color or race 6.(a) Single, marri | d, widowed, or dysced | MEDICAL CERTIFICATION | |
| BINDING Ty item of ite causes | S.(b) Hame of husband or wife James E. Le | 20. DATE OF DEAT 21. I CERTIFY tha | TH March 2 2 19.4. at death occurred on the dale above shaled; that I attended | |
| OR ever ite t | 7. Birth date of deceased (mo., day, yr.) Ass. 7. Bays to the same of the same | P58 and that t last sai | w h 2 alive on 200 | 2 19 JO DURATION |
| ERVED F | 87 / 15- | the 79. Due to | neurous (Gotan) | 1 20% |
| RGIN RES ADING INI Physicians: | 10. Usual occupation | Due to | | *************************************** |
| A F- | 12. Name / the arrive /3.4 13. Birthplace Rear Middles | Muy 71.9. Other conditions. | Jahrla Handina (Include pregnancy within 3 months of death) | o fulmos |
| VITH | 14. Raiden name Corraine Corraine Corraine Corrections 15. Birihplace Colfany Co | - 1 Creses | I operations | |
| PLAINLY, Is especially | Address Cobbeshell n. | PHYSICIAN: Pte | ease underline the cause to which death should be char If death was due to external causes, fill in the following: | |
| RITE PLA | (Burial, cremation, or removal, Wych?) Cemetery or crematory | Letter What His Injury | OCCUF?(City or town) (County) | |
| SE WR | 18. Funeral director | Injured al home, the control of the | farm, Industry, public place (where?) | _ |
| VS AI | Address Jelles Man 1946 - Last (Date reed by registrar) | 23. SIGNATURE | Qulishy ord Bate ste | D. or other / 1/5 |

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PECHLUED MAR 17 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 2

CERTIFICATE OF DEATH

(13351)

| | | | - | - | |
|------|-------|-----|---|---|---|
| Ber. | Diet. | No. | 3 | 3 | 3 |

| 1. PLACE OF DEATH: Williams | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants, ive residence of mother) |
|--|--|
| City or town. (If outside eity or town limits, write RURAL and give nearest town) | State County Miles Missell |
| How long in above place of death? | City or town (1f outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution of street address where on the focus of the focu | Street No |
| How long in hospital or institution / 25 | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Black Mossics | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE OF DEATH 1945 11 12:15 A |
| 8.(b) Name of husband or wife A Stand Difference | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) If alive, give age | 18 20 20 19 45 10 20 20 19 18 45 |
| 7. Birth date of deceased (mo., day, yr.) 200. 15-1878 | and that I last saw had alive on a saw had a live on a saw had a l |
| 8. AGE: Years Months Days If less than one day 66 3 4 | Clark less plans 41 |
| 9. Birthplace William Mille Mills Mills (Town) county, and state) | Due ta |
| 10. Usual occupation. | Due to. |
| 1f. Industry or business | |
| 12. Name Wet Manager 19 13. Birthplace Netthern Ma S | Dither conditions |
| 14. Maiden name. — Italian R. M. Maiden name. — Metalogica Metalogica Matalogica Matalog | (Include pregnancy within 3 months of death) |
| 15. Birthplace Westinguin Hd: | Major findings of operations |
| 16. Informant Description of the state of th | Actopsy results |
| Address Olleffren, Md. 3/19/1/2 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory of high had fill fill the | Where did injury occur? (City or town) (County) (State) |
| Location Aller All | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director | 2.0 |
| Address Meson Ma | 23/SIGNATURE |
| 19. (Date roo'd by registrar) | Address Dale signed Man) |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED APR 7 1945 BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

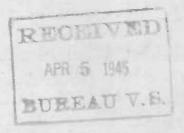
2411 N. Charles St., Baltimore 1700

03351

CERTIFICATE OF DEATH

Dist No +1 336

| 1. PLACE OF DEATH: county Wicomico | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) |
|--|---|
| Dolmon Dunol | state North Carolinaounly Pitt |
| City or town | town) Farmville |
| How long in above place of death? | City or town Farmville (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. RFD # 1 |
| *************************************** | |
| How long in hospital or Institution? | 2.(a) If veteran, name war. |
| 3.(a) FULL NAME Jessie Belle Moran | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divor | medical certification |
| Female White Married | 20. DATE OF DEATH 3 - 16 19 45 21 8 Pa |
| 6.(b) Name of husband or wife L.G.Meoran | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased tropic |
| O.(V) Harris of Husband of wife | 3 years and that I last segue all ve on 19 19 19 19 |
| 7. Birth date of Tonyony 15 1022 | and that I last souther all years |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Months Days It less than one day | Frostmany shall gulde |
| 23 2 1hrs | |
| 9. Birthplace Rocky Mounty, N.C. | Due to. |
| (Town, Councy, and state) | |
| 10. Usual occupation | |
| 11. Industry or business | Due to |
| 11. Industry or business 12. Name Chas. Parisher | Diher conditions & Frostin Rt leg ', |
| | Diher conditions |
| Martin, County, N.C. | (Include pregnancy within 3 months of death) |
| 14. Malden name Sallie Lasiter | Major findings of operations. |
| 15 Birthplace Martin County, N.C. | |
| 14. Malden name Sallie Lasiter 15. Birthplace Martin County, N.C. 16. Informant Chas. Parisher | Date of op. |
| Address Farmville, N.C. RFD # 1 | PHYSICIAN: Please underline the cause te which death should he charged statistically. |
| Daniel Man 2/ | 22. VIOLENCE: It death was due to external causes, fill in the tollowing: |
| 17 Burial Mar. 20 (Burial, change) Mar. 20 (month) (day) | (year) Accident, suicide, or homicide |
| Cemetery or chartery Forest Hill | Where did injury occur? New Cleby West (City or town) (Connty) & (State) |
| Location Farmville, N.C. | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director M-8. Grand 3. | Means of injury Sedestra stuck injured at work? 100 |
| Address Joelman Joelsman | east land |
| | 23. SIGNATURE M. D. or other |
| 1) was 17, 1945 Harry Gotte | Bariston July July Bala signed 3 / 8/43 |



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (350)

03352

CERTIFICATE OF DEATH

Reg. Dist. No. 333

| County | D: |
|--|---|
| City or town | iconico |
| (If outside city or town limits, write RURAL and give nearest town) | |
| How long in above place of death? | L and give nearest town) |
| 1/3 Street No Street No | 3 |
| White to be a territory to a territory to a construction of the co | |
| 3 (a) FILL NAME | |
| Rosa Lee Minini | cial Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFIC | ATION |
| 7 1 7.1/1 7.1/1 | 19.4/5 al M |
| 6.(b) Name of husband or wite. Rebert & Morris 21. I CERTIFY that death occurred on the date above stated; that | |
| March 12,1945 10 | |
| 7. Birth date of July 2 11 1 Con and that I last saw her alive on March | |
| 8. AGE: Years Months Days Hess than one day Immediate cause of death | DURATION |
| 880 8 1min. | |
| 9. Birthplace Wittensier Co. Mrs. Bue to Carolia vascula | A / |
| (Town, coupty, and state) | |
| 10. Usuat occupation | |
| 11. Industry or business | *************************************** |
| 12. Name. / 12. Name. Dther conditions. Dther conditions. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| \$ 13. Birthold Wicconsisce Co. not | |
| [Include pregnancy within 8 months of deat | h) |
| 14. Malden cames Sarah Jawas (Include pregnancy within 3 months of deat 15. Birtholace Major findings nl operations. | *************************************** |
| = 15. Direntiace | te ol op |
| Mina Da | *************************************** |
| 16. Informant Muse Jella Marris Autopey results Da | |
| 16. informant Mass fold Misses Autopoy results. Address Salisbury Mod PHYSICIAN: Please undertine the cause in which death show | following: |
| 16. Informant Muse Autopey results. Autopey results. PHYSICIAN: Please undertine the cause in which death shan 17. Burnal Dett thereof 3 / 27 / 45 - 22. VIOLENCE: Il death was due to exteroal causes, fill in the fi | |
| 16. Informant | Date of |
| 16. Informant Muse Autopey results. Autopey results. PHYSICIAN: Please undertine the cause in which death shan 17. Burnal Dett thereof 3 / 27 / 45 - 22. VIOLENCE: Il death was due to exteroal causes, fill in the fi | Date of |
| 16. Informant | Date of |
| Autopsy results. Autopsy results. PHYSICIAN: Please undertine the cause in which death shown 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Cemetery | Date of |
| Autopsy results. Autopsy results. PHYSICIAN: Please undertine the cause in which death shown 17. (Burlal, cremation, or removal, Which?) Cemetery or crematory. Cemetery | Date of |
| Autopey results. Autopey results. PHYSICIAN: Please undertine the cause in which death shows 22. VIOLENCE: II death was due to exteroal causes, fill in the factorial companies of the companie | Date of |

APR 7 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6

CERTIFICATE OF DEATH

03353

Reg. Dist. No. 333

| County County | 2. USUAL RESIDENC! (HOME) OF DECEASED: (For newborn infalls give residence of mot) | |
|--|---|--------|
| City or law Salutury | State MA. P. Courty Siconico | |
| (If outside city or to on limits, write RURAL and giv, nearest town) How long in above place of death? | City or towe | |
| Hospital, Institution, on street autress where death occurred: | Street No. | |
| 11,701,7-71 | (If rural, give LOCATION) | |
| Row long in hospital or institution? | 2.(a) If veteran, name war. | *** |
| 3. (a) FULL NAME Larenia Jane | Munford 3. (b) Social Security Number | |
| 4. Set) 5. Polor orface 6.(a) Single, married, widow of or dispreed Married Married | MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL 154, 45, 50 | 3 W |
| John Thomas Munta | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| 6.(b) Name of busband or with | Jan 19 45 in March (1924 | 65- |
| 7. Birth date of 7 No. (c) If allive five age years | and that I last sawh 62 alive on Mach 13 19.4 | 5 |
| deceased (mo., day, yr | Immeliate cause of death | - |
| 8. AGE: Years Months Days If less than one day 57 5 23hrshrs. | Caremona Wester | |
| Paromhus md. | Due to. | |
| 9. Birthplace | Due to | 1 |
| 10. Usual occupation. | Due to | ****** |
| 11. Industry or business / | | |
| 12. Name Han N. Halley Bid. | Dither conditions | |
| | (Include pregnancy within 3 months of death) | |
| 14. Raiden nate aseria 15. Hayfield | | |
| 15. Birthplace Paremeters. /md. | Major findings of operations | |
| 16. Information 9. 35hm D. Myenjan I | Autopsy results. | |
| will D. Att. Salitus mf. | PHYSICIAN: Please anderline the cause to which death should be charged statistically. | |
| Build 194 | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| 17 Date thereof (month) (day) (what) | Accident, suicide, or homicide | ****** |
| Cemetery of Genatory and Seasons they be to | Where did injury occur? | 1 |
| location aumitures. I ma | trijured at bome, farm, Industry, public place (where?) | |
| Holloward Walter R. Holloway | Means of Injury Injured at grork? | |
| Adderate Markens | 1 | |
| 2/11/11-12 1-2006 | 23. SIGRATURE M. D. or other | 104000 |
| 19. (Date reck) by registrar) | Address alla Date signed 3-15 | = 4 |
| | | |

3.2

RMODEWAD MAR 23 1945 BUREAU

| 2411 | N. | Charles | St., | Baltimore | 124-6 |
|------|----|---------|------|-----------|-------|
|------|----|---------|------|-----------|-------|

| CERTIF | FICATE OF DEATH Reg. Dist. No. 3.33 |
|--|--|
| Coucty City or town (If outside city or town limits, write RURAL and give nearest to How long in above place of death? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn trants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| nannie B. R. | arsons |
| ternale White Single married, wildowed, or divorce ternale White Single | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 7. Birth date of 0 2 (C-70) | |
| 8. AGE: Years Months Days If less than one day 72 9 6 23hrs. | Immediate causa of death |
| 9. Birthplace Dollar (Torn, count and stage) 10. Usual occupation | en colore to |
| 11. industry or business Department all | The state of the s |
| 12. Name | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations |
| 18. Informant Mrs. Walter & Daylly | Autopsy results |
| Address 17. Sate thereof March (March) (March) (March) (March) | |
| Cemetery or crematory Various Cemetry | Where did lejury occur? (City or town) (County) (State) |
| Location | Means of Injury Injured at work? |
| Address Salisbury Ma | 23. SIGNATURE, Liver Hayson, M. D. or other |

MARGIN RESERVED FOR BINDING

STANDARD OF THEMPTON STANDARD OF THE STANDARD

APR 7 1945 BUREAU V.8 MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-CERTIFICATE OF DEATH

(13355) Reg. Diat. No. 332

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County | State Md County Macanica |
| (If outside city or town limits, write RURAL and give nearest town) | |
| How long in above place of death? | Cliy or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital. Institution, or street address where death occurred: | Street No. |
| How long in hospital or institution? | (If rural, give LOCATION) |
| 3. (a) FULL NAME | |
| Relicca Parsons. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Famale White wildowed. | 20. DATE OF DEATH MORCL 35 The 19.45 - 21 15. Q. I |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| | march 28 195 10 march 25 1945 |
| 7. Sirth date of deceased (mo., day, yr.) Sugar 18th 1865 | and that I last saw h |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death OURATION OURATION |
| 81 9 29hrs. min. | |
| 9. Birthplace Pittsville md; | Pro-de |
| (Town, county, and state) | Due to |
| 10. Usual occupation House work! | Due to. |
| 11. Industry or business | |
| 12. Name Stiplen Moore, | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name Sellie Truit 15. Birthplace Tittoville, md, | |
| 15. Birthplace Pettsville, md, | Major fiediogs of operations. |
| 0 0 | |
| 16. Informant Danson 1 | PHYSICIAN: Please ooderline the caose to which death shoold he charged statistically. |
| Address V. Fillsville md | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, eremation, or removal, Whieh?) Oate thereof Derich 2 1941 (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Parsons larmetery | Where did injury occur? |
| Location near Peter Peter In a. O | Injured at home, tarm, industry, public place (where?) |
| 510- 20 mars 1 510 00.7 | Means of Injury Injured at work? |
| 18. Funeral director W. W. 18. D. W. | 1 100 . 11 |
| Address Sillsville, ma, | 23. SIGNATURE Frank A. Lunis M. D. |
| 19 apr 2 19 45 filliant ha | is Millacks and. M. D. or other |
| (Date/ree'd by registrar) Registrar | Address Date signed S |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13356 Reg. Diat. No. 260

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|---|---|
| County Sobiesmes | (For newborn infants givo residence of mother) |
| (If outside city or town limits, write RURAL and give nearest town) | State County County County County |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| Terrisola Cerisal Hoopilal | (If rural, give LOCATION) |
| How long in hospital or institution? Se Louis | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | |
| Frank S. Porter | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M W married | 20. DATE OF DEATH March 28 19 45 at 74 ST. M |
| 6.(6) Name of husband or wife Dusse J. Porter | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 7. Birth date ot years | 19 , 10 |
| 7. Birth date of | and that I lest som to alive on |
| deceased (mo., day, yr.) 8. A.G.E.: Years Months Days It less than one day | Immediate curse of death |
| 0.740 | Surued to death |
| 73 17hrs,min. | |
| 9. Birthplace Principa and | Due to |
| (Town, county, and state) | DUC V |
| 10. Usual occupation Returned Farmers | |
| | Due to |
| 11. Industry or business | |
| 12. Name. John d. Lotter 13. Birthplace Propagate Come Mode | Other conditions |
| 13. Birthplace Trunges Cime mos | |
| 14. Maiden name Process and Saussord 15. Birthglace | (Inclode pregnancy within 8 months of death) |
| E . Malden Halle | Major findings of operations. |
| ≥ 15. Birthglace | Date of op |
| 16. Informant Mrs Frank College | Autopsy results |
| S. O. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Inness Inne, ma | 22. VIOLENCE: It death was Due to external causes, till in the following: |
| (Burial, cremation, or removal. Which?) Date thereot. March 31, 945 (month) (day) (year) | Accident, suicide, or nomicial accident Date of 3 |
| Cemetery or crematory methodest Camelery | Where did Injury becur? (City or town) (County) (State) |
| 42. | 11 41 .0111 |
| Location ruces una ma | Injured of home, farm, industry, public place (where?) |
| 18. Funeral director, Wale Washell | Means of Hijury Vell fur the Injured at work? |
| () > 1 NB. | defini coner Do 121.0 |
| Address Truess line Mr. | 23 SIGNATURE CLLY M. NOUPTON M. W |
| 1. 3/30 . 45 January | M. D. or other |
| 19. (Date fee'd by registrar) Registrar | Address Reces Cleve by Date signed 3/24 4 5 |
| | |

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APR 6 1945 BUREAU V.S. MARGIN RESERVED FOR BINDING

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| tem of | causes |
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| oly ev | write |
| Sup! | please |
| I, WITH UNFADING INK. Supply every item of information carefully. The correct age | ly important. Physicians: please write the causes of death clearly and legibly |
| FADI | Phy |
| I'H GNI | portant. |
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

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FILM No G 9 4 MAY 16 1945

CERTIFICATE OF DEATH

| | | | 2 | 2 | 2 | 1 |
|--------|-------|-----|---|---|---|---|
| Reg. 1 | Diat. | No. | 1 | ~ | 0 | |

| X. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| County Connection | he. I have the |
| (If outside city or town limits, write RURAL and give nearest town) | State Many County The County |
| | City or town Passellvelle |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| nospital, institution, of street address where death occurres. | Street Ho. Roll 87 rappen |
| | (If rurni, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| a Tlant (lovere | Pawell 214-12-5116 |
| 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| med With me | |
| Male / mue / morried | 20. DATE OF DEATH. MOTOL 17 19.45 21 8 P. M |
| 6, (b) Name of Dusband or wife Morganett Virginia | 21. I CERTIFY that death occurred on the date above stated; that I attended decease from |
| 1 21 | august 33 day 7 desta |
| 7. Birth date of | and that last saw hamalive on 3 17-45 11 |
| deceased (mo., day, yr.) (1910 19-19- | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION DURATION |
| 34 -26-3 2hrs | |
| 12 11 11 50 01 | |
| 9. Birthplace (Town, county, and state) | Due fo |
| V. // | |
| 18. Usual occupation Jalesyan | Due fo |
| 11. Industry or bosiness / Dasket 8) | |
| 12. Name Clorence awell | Other conditions |
| 12. Name Clorence Jacoel 13. Birthplace | |
| Many & Harris | (Uc)ude pregnancy within 8 months of death) |
| 14. Malden name Mary 6. 15. Birthplace Mul. | Major findings of operations. |
| ≥ 15. Birthplace | Date of op. |
| 16. informant Mongoret Pawell | Autopay results. |
| W. I al la Sal | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Parellivelle Mes. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | |
| Cemetery or crematory | Where did injury occur? |
| Location / auchleville, me | Injured at home, farm, Industry, public place (where?) |
| no Chal state | Means of Injury Injured at work? |
| 18. Funeral director | 2. 6 (|
| Address Sellywelle, Del. | - Kark XI - mx |
| ne idli - Par. PA | 23. SIGNATURE M. D. or other |
| (Date rec'd by registrar) (Date rec'd by registrar) | 1100000 3-1845 |
| (Date let d by registrar) | Address Date signed Date signed |

APR 7 1945

2411 N. Charles St., Baltimore 37-6

03358

CERTIFICATE OF DEATH

| 2411 N. Char | les St., Baltimore 37-6 | | |
|--|--|--|--|
| CERTIFICAT | TE OF DEATH Reg. Diat. No. 333 | | |
| 1. PLACE OF DEATH: County Wicomico | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Windows I was a second of the second of t | | |
| City or town. Salisbury (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: Peninsula General Hospital | Street No. 504 N. Division (If rural, give LOCATION) | | |
| How long in hospital or institution? | | | |
| John Otis Powell | 3. (b) Social Security Number 716-63-169 | | |
| Male S. Color or race 6.(a) Single, married, widowed, or divorced White Widowed | MEDICAL CERTIFICATION 20. DATE OF DEATH March 2nd 19.45 at 10.43 | | |
| 6.(b) Name of husband or wife Cora Esther Powell | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| 7. Birth date of | and that I last saw h 1 m alive on 3/2 194 | | |
| deceased (mo., day, yr.) S AGE: Years Months Days If less than one day | Immediate cause of death DURATIO | | |
| 8. AGE: Years Months Days If less than one day 9hrsmln. | Graenia 1 w | | |
| 9. Birthplace Princess Anne, Maryland (Town, county, and state) Retired Railroad Brakeman | Due to Colemnic Prostatilis 6 20 | | |
| 10. Usual occupation | Due to | | |
| Joshua Thomas Powell | Diher conditions | | |
| 13. Birthplace Somerset County, Maryland | (Include pregnancy within 8 months of death) | | |
| 15. Birthplace Somerset County, Maryland | Major findings of operations | | |
| 16. Informant J. Flmer Powell | Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. | | |
| Address Delmar, Delaware | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| Burial Burial Mar. 4-1945 [Burial, Gentation, A Zentoval, Which?] Bate thereof (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or Westalding Manokin | Where did injury occur? (City or town) (County) (State) | | |
| Location Princess Anne, Maryland | Injured at home, farm, industry, public place (where?) | | |
| Address Lelma Lelanot | 23. SIGNATURE Coles of Grisles 2000 M. D. or other | | |
| 19. 3 3 19 26 Hagiel E ORgistrar | | | |

MARGIN RESERVED FOR BINDING

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MAR 17 1945

BURLAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

(13359) Reg. Dist. No. 333

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) |
|--|---|
| City or town | State or lown |
| How long in above place of death? | City or fown (15 outside city on town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where Beath occurred: | Street No. 7. 7. N. |
| Sellen Seven Spylle | (If rural, give LOCATION) |
| Row long in hospital or institution? 5 Clarge | 2.(a) It veteran, name war |
| Maggier F. Richardson | 3. (b) Social Security Number |
| 4. Sex 6. Golor or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White married | 20. DATE OF DEATH MARCH 26 19 45 21 11 18 M |
| Umber Richardson | 21. I CERTIFY that death occurred on the date above stated: that f attended deceased from |
| S.(b) Namo of husband or wife Annual Action | Middle Land De 18. 45, 10 Decelle Day 19. 4V |
| 5.(c) It alive, give age 7.3 years | |
| I. Birth date of | and that I last saw her allyo on 3/3/1/ |
| deceased (mo., day, yr.) Wegust 2, 1873 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than ood day | Lobor Vinerennia 3 days |
| 7/ 2 24min. | |
| 8. Birthplace Matthews Witt ginia (Town, county, and state) | Due 10. Pelaconary Inchancelose France |
| 10. Usual occupation Adusewife | Duo fo. |
| 11. Industry or business | |
| E 12. Name unknown | Other conditions Office de l'acceptable de la condition de la |
| X 13. Birthplace | |
| 14. Malden name. Sallie Sale 15. Birthplaco unknown | (Include pregnancy within 8 months of death) |
| 6 | Major findings of operations. Nantonettes |
| ≥ 15. Birthplaco unicoun | |
| 16. Informant Usesseer Archardson | Antopsy results |
| Address Focomoky Marchael R.7.D | PHYSICIAN: Please underline the eanse to which death should be charged statistically. |
| Bill March as 141 | 22. VIOLENCE: It death was due to external causes, fill in the tellowing; |
| (Bnrial, cremation, or removal. Which?) Bate thereot (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory. Bloth and sign I in Post Metalety. | Where did injury occur? |
| Location & DCAMORE States Managen Miles | Injured of home, farm, Industry, public place (where?) |
| 18. Funeral director Mangantte Billalesse | Means of Injury Injured at work? |
| Address formate City, Md. | 123 SIGNATURE Colon of Tricle 32000 |
| (Date pet'd by registrar) | Address Selection Seed Date eigned |
| - The sax O | |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ba

03360

CERTIFICATE OF DEATH

Reg. Diat. No. 333

| 1. PLACE OF DEATH Come & | 2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn infants or cresidence of mother) |
|--|--|
| City or togate (If outside city or two bails, write RURAL and give nearest town) | State |
| How long in above place of death? | City or town |
| Hospital, Institution, or street address where deals occurred: | 4/5 Mario |
| 4/5-2020 | Street No |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME Lee Dean | 2 3. (b) Social Security Number |
| 4. Sex 5. Oplor or rack 6.(a) Single, married, widowed, or divoced | MEDICAL CERTIFICATION |
| Male Whit- Married | 20. DATE OF SEATH 75 Wich 26 19.45 of 93 gr |
| 8.(b) Name of husband or wife Many Elizabeth / the | The total by that death occurred on the dale above stated; that attended deceased from |
| S(c) If alive, give ageyears | 10 10 |
| 7. Birth date of (40.1/20_1075 | and mat I last saw harmalive on 19. |
| deceased (mo., day, yr.) 8 AGE: Years Months Bays If less than one day | Immediate cause of death |
| 11 11 27 | |
| hrs. | CM. Cal Head Que |
| 9. Birthplace (Towns and state) | Due to San Milhard |
| 10. Usual occupation. | |
| 11. Industry or business? | Bue to Jan 1 |
| | f f |
| 12. Name | Dither cooditions |
| | (Include pregnancy within 3 months of deuth) |
| 14. Maiden name. | Major findings of operations |
| E 15. Birthylace | Bate of op. |
| 16, information, Clarence Knowley | Autoor results |
| Addres 313 Harting A. Salifold | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 16 min 1 may 28-45 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) Date thereof | Accident, suicide, or homicide |
| Cemetery or sematory dipuningen. | Where did injury occur? |
| Locally fality md | Injured at home, farm, Industry, public place (where?) |
| . Hellmort G. Walter R. Williams | Menns of Injury Injured at work? |
| Address Jalutes Ma | MIT was ma |
| 1 1 | 23. SIGNATURE M. D. OROTHER |
| (Date reg d by registrar) (Date reg d by registrar) | Address Date signed 7 3 7/3 |
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CERTIFICATE OF DEATH

Reg. Dist. No. 339

| | CERTIFICATE OF DEATH | Reg. Diat. No. |
|--|--|--|
| City or town (If nutside city or town limits write RURAL a How long in above place of death? | (For newborn infants g | alishing |
| Hospital, Attitution, or programmed address where death occurred. | Street No. 4, 1.3 | Washington School |
| 3. (a) FULL NAME | 8 Ames | 3. (b) Social Security Number 213-24-085-0 |
| 4. Sex 5. Color or race 8.(a) Single, married | d, widowed, or divorced ME | edical certification |
| 6.(b) Name of husband or wife Exploy C, | give age 6 4 years 3/24 | ed on the date above stated; that I attended deceased from |
| 1-1 1 0 | and that I last saw h Immediate cause of death | on 3/3 OURATION |
| 9. Birthplace (Town, county, and state) 10. Usual occupation | Due to. | |
| 11. Industry or business 12. Name Bayes 13. Birthplace Bayes | Due to | But, |
| 13. Birthplace factor of the same state of the same state of the same state of the same of | (Include preg | maney within 8 months of death) |
| 5 15. Birthplace | Autopsy results | the cause to which death should be charged statistically. |
| Address (Burial, cremation, or removal, Which?) but thereof 3 | 22. VIOLENCE: If death was d | tue to external causes, fill in the following: |
| Cometery or crematory Passers Ce | | (City ur town) (County) (State) public place (where?) |
| 18. Funeral director | Means of Injury | tajured at work? |
| 19. (Date rec'dby registrar) | 227 SIGHATURE | M. D. or other Date signed 25/4.5. |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARGIN RESERVED FOR BINDING

RECEIVED.

MAR 22 1945

BURLA

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore P.3

03362

CERTIFICATE OF DEATH

Reg. Diat. No. 333

| 1. PLACE OF DEATH: Une source | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) |
|---|---|
| OUDITY | State M. d. County Miller County |
| City or town (If outside city or town simple, write RURAL and give nearest town) How long in above place of death? | City or town (If outside city or town limits, write RURAL and give pearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. 6. 4. 5. Mar. Manual S.C. |
| 2000 | (if rural, give LOCATION) |
| How long In hospital or Institution? | 2.(a) If veteran, name wer |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male a a Don't knave | 20. DATE OF DEATH about neuch 17 18 4/5 21 Unday |
| 8.(4) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 8.(c) If alive, give ageyears | 19 19 19 |
| 7. Birth date of deceased (mo., day, yr.) Bloom T. 1888 | and that I last saw has a |
| 8. AGE: Years Months Days If less than one day | Immediate case of death DURATION |
| Oland 57 - min. | January Tests |
| 9. Birthplace Quarkante (Town, county, and state) | Due to |
| 40 | |
| 1D. Usual occupation | Due to |
| 11. Industry or business Agree as always | - |
| E 12. Name Quality | Other conditions |
| al 13. Birthplace | (Include pregnancy within 8 months of death) |
| 14. Malden name Andrews | Major findings of operations. |
| 15. Birthplace gentage | Date of op. |
| 18. Informant la heef of Callety lessy : Challess. | Autopsy results |
| Address & alishery and | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Burial, cremation, or removal. Which?) Bate thereof. Max 27, 1945 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. |
| P Dois | stalistic weers in the |
| | (City or town) (County) (State) |
| Location Schulusy Grad | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director from Land Manual Manual | means or injury |
| Address Saleshing mg | |
| 10 3 /27 146 Harriel & D. | M, D, or other, |
| (Dato rec'd by registrar) | Address July My Date signed 3/28/45 |

APR 7 1945
BUREAU V

CERTIFICATE OF DEATH

| | TE OF DEATH Reg. Dist. No. 3.3. |
|---|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death geotyped: | City or lown |
| How long in hospital or institution? | Sireet No. (If rural, give LOCATION) |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(4) Single. married wildowed, or divorced Male white Child | MEDICAL CERTIFICATION 20. DATE OF DEATH MALL 27 1945 at |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 26. 19.4-5. 10. March 27. and that I last saw h.i. 27. alive on March 27. |
| 8. AGE: Years Months Days If less than one day | n. Acute Banda |
| 9. Birthpiace | Due to. |
| 12. Name Caul Suppliers 13. Birthplace Manyloud. | Other conditions (Include pregnancy within 3 months of death) |
| 14. Maiden name Mar Cerla Downey. 15. Birthplace mauvisvile Va. | Major findings of eperations. Date of op. |
| 16. Informant Mr. Paul Slegherson Address Berlin ond | Autopsy results |
| 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Location Berlin Sul. | Where did Injury occur? |
| 1B. Funeral director Sauleline (3, Mell Address Sales Jenny Med | Means of Injury Injury at work? |
| 19. 3 88 19 H 6 Hassiel 1 Registrar) | 23. SIGNATURE M. D. or other M. D. or other Address Palislury, Md Date signed 3/2 |

MARGIN RESERVED FOR BINDING

MARCAMINATARE DISCRESSES OF BOXETH

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APR 7 1945

RUREAUN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

(13364 Reg. Diat. No. 335

| 1. PLACE OF DEATH: Quelonilo | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| City or lowa | State Mills County Littles Land |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | |
| | Street No. G.O. O. A. A. A. |
| 2 | (If refail, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3. (a) FULL NAME | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Josephene Leadner | no |
| 4. Sex 5. Color or tace 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | 0 10 |
| Jemale a. a. Merdane | 20. DATE OF DEATH NOW 4 5 1940 of SOT M |
| 0.100 | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| Lgeacl 8.(c) If alive, give age 20 years | 19 10 10 11 11 11 |
| 7. Birth dale of | and that I last saw h la after on 19.45 |
| deceased (mo., day, yr.) released (8 72 | |
| | Immediate cause of death |
| 8. AGE: Years Months Days if less than one day | Man runs ending 2 mo + |
| about 7.2 | The state of the s |
| 2 1 0 | |
| 9. Birthplace (Town, county, and state) | Due to. |
| (Town, county, and state) | |
| 18. Usual occopation | |
| | Due 10 |
| 11. Industry or business | |
| 12. Name Sandy He wach | and the state of t |
| | Other conditions |
| 2 13. Birthplace Jallace Jallace Jallace | (Include pregnancy within 8 months of death) |
| 14. Malden name Markath 15. Birthplace of purplements | (Include pregnancy within 8 months of death) |
| 王 14. Malden name 4人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人人 | Major findings of operations. |
| E 15. Birtholace | |
| | Bala of op. |
| 16. Informant Julian Landon Milan | Antopsy results |
| // / / / / / / / / / / / / / / / / | PHYSICIAN: Please underline the cause to which death should ha charged statistically. |
| Address Salishung 200 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Burial Date thereof Mar 26-1946 | |
| (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) | Accident, suicide, or homicide |
| Cemetery or crematory Accusatory | Where dld Injury occur? |
| Lemetery or crematory | |
| Location Dalishury and | Injured al home, farm, Industry, public place (where?) |
| TAA. | |
| 18. Funeral director Advantable Selection | Means of Injury Injured at work? |
| | Ja. 1 |
| Address Baleslerry Ind | Hammer M. W. |
| -1-1 11-tan 1-700. | 23. SIGNATURE M. D. or other |
| 18 3/216, 1986 Hassel In 181 | Judan My May 2 U |
| (Date rec'd by registrar) | Address Bate signed |

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APR 7 1945

BUREAR

2411 N. Charles St., Baltimore 1860

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CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|---|
| County Wigomico | (For newborn infants give residence of mother) |
| City or town. (If outside city or town limits, write RURAL and give nearest town) | State Allegellagell County County |
| How long In above place of death? | (If outside city or town limbs, write RURAL and give nearest town) |
| Hospital Institution, or street address where death occurred: | Street No. Camber and |
| (Tenisula General, Nospetal | (If rural, give LOCATION) |
| How long In hospital or institution? # Days. | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Waller, Comma Judinia | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowyd, or divorced | MEDICAL CERTIFICATION |
| Temale White hidau | 20. DATE OF DEATH MALLA 1945 at 9 A |
| 8.(6) Name of husband or wife Herry go Italie | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 5-6. 10 1945 10 Feb 22 1945 |
| 7. Birth date of | and that I last saw h |
| 8. A.G.E.: Years Months Days It less than one day | Immediate cause of death |
| d1 0 16 | Denile blegente 7 done |
| 76 9 /3hrs. | . min. |
| 9. Birthplace Milanilo O., M. | Ove to Fractive & Historial and |
| (Town, county, and state) | of fest should 100 |
| 10. Usual occupation. | Oue to |
| 11. Industry or business | |
| E 12. Name N. Slept | Other coodiions |
| 13. Birthplace Slinellel O., 11. | (Include pregnancy within 8 months of death) |
| 14. Malden name | $c \rightarrow 1 \cdot r \rightarrow$ |
| E 15. Birthplace | Major findings of operations. Date of op. 2/15/45 |
| 16. Informant Artely TX. Staller. | Autopsy results. |
| Vel. 1 m | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Hallebury, 1212/11 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, eremation, or removal. Which?) Date thereof. (month) (day) (year) | 2/16/45 |
| Cemetery or crematory. Adders | Where did injury occur? Ashely hecomes the |
| Cemerery or crematory | (City or town) (County) (State) |
| Location Location | Injured at home, tarm, Industry, public place (where?) |
| 18. Funeral director. Al Mell K Starten 6. | Means of Injury fell on shuller Injured at work? "Ho |
| Address Saliebart Mr. | John Jane |
| 219 4160 1700 | M. D. or other |
| 19. 3 3 18 46 Harries 19 19 19 Home Barries 19 19 19 19 19 19 19 19 19 19 19 19 19 | Street Address Ald Bais signed 3/19/15 |

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MARYLAND STATE DEPARTMENT OF HEALTH

| 60 | 2411 N. Charles St | t., Baltimore 930 | 03367 |
|--|---|--|------------------------------------|
| | CERTIFICATE | OF DEATH | Reg. Dist. No. 333 |
| 1. PLACE OF DEATH: County City or town (If outside city or town limits, How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME 4. Sp. 5. Olor or ray 6 | State (City Courted Courted City Courted City Courted City City City City City City City City | USUAL RESIDENCE (HOME) OF (For newborn infinite give residence of mate | write RURAL and give nearest town) |
| 3. (a) FULL NAME | Emily Well | inge | 3. (b) Social Security Number |
| | (a) Single, married, widowed or divorced | MEDICAL CE | RTIFICATION 3-11-15 |
| 6.(b) flame of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months | 6.(c) tf alive, give age 4 | d that I last saw h last alive on last alive | 5. 10 2 2 3 19 4 2 2 19 4 |
| H G G 10. Usual occupation. | ty, and state) | e to | |
| | anti- med | her conditions | onths of death) |
| HLOUM 14. Malden name Assured 15. Birthplace | + 16. md, | ojor findings of operations | Date of op |
| 16. Informani Address// From A 17. Charles, cremation, or reportal. Which?) | march 5- 194 22 | YSICIAN: Please underline the cause to which VIOLENCE: If death was due to external cause cident, suicide, or homicide | es, fill to the following; |
| Cemelery or comains | Wh | nere did injury occur?(City or town) ured at home, farm, industry, public place (when | |
| | Markand 1 | eans of Injury | Injured at work? |
| 18. Fureral director. Address Address 19 | Halaiet En 20 123 | SICHATURE AND LINE | M. D. or other 3/4/45 |

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activities at Oute

MAR 22 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#3368

CERTIFICATE OF DEATH

| | | | 0 | - | 0 | |
|------|-------|-----|---|---|---|--|
| Reg. | Dist. | No. | 3 | 3 | 3 | |

| 1. PLACE OF, DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| County | (For newborn infants give residence of mother) |
| (If outside city or town knits, write RURAL and give nearest town) | State County - file Care Land |
| How long in above place of death? | City or towo. (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Jackfutlon, or street address where death occurred: | |
| Jelmanle George Tenfetil | Street No |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | |
| Luthal Illian. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Male Caloud Married | 20. DATE DE DEATH. 2012 A. 1946 21 2 A. 11 |
| Line 12. | 21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from |
| 8.(b) Name of husband or wife | The second of th |
| 7. Birth date of | and that I last saw h / Malive on March 9 19 9 5 |
| deceased (mo., day, yr.) December 7, 1875 | |
| 8. AGE: Years Months Days If less than one day | |
| 69 3 7hrsmin. | Junear & Hadesut |
| 9. Sirthplace accomos 2a | Due to |
| 9. Sirthplace (Town, county, and state) | Kudding of buckerty. |
| 10. Usual occupation. Samuel | Due to |
| 11. Industry or business | DUC LU. |
| | |
| 12. Name Sustant start | Dther cooditions |
| E. 113. Girinplace | (Include pregnancy within 8 months of death) |
| E 14. Maiden name | Major findings of operations. |
| 15. 8irthplace | Date of op. |
| E DO H | |
| 16. Informant | Autopsy results |
| Address Mayou and of Na. | |
| 17 Busing Date thereof Brown 13/45 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, sulcide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Lecanetrum Va. | Injured at home, farm, Industry, public place (where?) |
| | Means of Injury Intered at work? |
| 18. Funeral director lound them are | Thursday as noted |
| Address Ones Will mod | 10 MENATURE Phely a Visler |
| 1 3/10 116 A eg 02.00 | M. D. or other |
| (Date rec'd by registray) | Address |

RECEIVL MAR 23 1945 BUREAU V.S.